

# DEBORAH J. FREEHLING, M.D., INC.

*Board Certified*

Ear Nose & Throat · Allergy · Head & Neck Surgery · Facial Plastic Surgery

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## MEDICAL RECORDS RELEASE

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

***Deborah J. Freehling, M.D.***  
***2204 Grant Rd. Ste 102***  
***Mountain View, CA 94040***

PLEASE RELEASE:

- MEDICAL RECORDS
- AUDIOGRAMS
- X-RAYS
- LAB WORK

IN YOUR POSSESSION FOR THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_

PATIENT'S BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTES: