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

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MEDICAL RECORDS RELEASE

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

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: