PRESCOTT ENT & ALLERGY

EAR, NOSE & THROAT · HEAD & NECK SURGERY · ALLERGY · AUDIOLOGY

MARK D. STRASSER, M.D. • DEREK K. HEWITT, M.D. • DAVID A. HOLMES, AU.D.

MEDICAL RECORDS RELEASE

Patient Name: ______________________________ Date of Birth: ______________

☐ **I authorize Prescott Ear, Nose, Throat & Allergy to provide my medical records, including laboratory and imaging reports to:**

☐ Self/Legal Guardian

☐ Provider: Name: ______________________________

Address: ______________________________

Phone#: ______________________ Fax#: ______________

☐ **I authorize:**

Provider/Facility: ______________________________

Address: ______________________________

Phone#: ______________________ Fax#: ______________

To release my medical records, including laboratory and imaging reports to:

Prescott Ear, Nose, Throat & Allergy, PLLC
1125 Iron Springs Road
Prescott, Arizona 86305

Phone#: 928-778-9190

Fax#: 928-714-7862

I understand that I have the right to receive a copy of this authorization upon my request.

______________________________ ______________

Patient/Legal Guardian Signature Date