



Matthew Bolinger, M.D.

55 Office Park Drive, Jacksonville, NC 28546

Phone: 910-219-3377 Fax: 910-219-4227

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize _____ to
release healthcare information of the patient named above to:

Name: Onslow Ear Nose & Throat

Address: 55 Office Park Drive

City: Jacksonville State: NC Zip Code: 28546

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition, or dates: _____

☐ All healthcare information

☐ Other: _____

Patient Signature: _____ Date Signed: _____