



ENT and ALLERGY SPECIALISTS

## **RELEASE OF INFORMATION**

Ear, Nose, & Throat

Sinus and allergy disorders

Sinus surgery

Sublingual immunotherapy

Sleep & snoring disorders

Radiofrequency & laser treatments

Head & neck surgery

Skin cancer

Speech & swallowing disorders

Ear disorders & surgery

Voice disorders

Balance disorders

Thyroid surgery

Pediatric ear, nose, & throat disorders

Audiology

Hearing evaluations

Hearing aids

Balance testing & treatment

Newborn hearing screening

Facial Plastic/Cosmetic

Facial plastic surgery

Non-invasive facial treatments

Botox/Restylane

Laser skin resurfacing

Hair removal

Skin care

Laser vein therapy

Other than myself I authorize the following to receive my personal and protected health information

\_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ Relationship \_\_\_\_\_

and be able to pick up my records upon my request. Also are there any other physicians you wish to include our correspondence:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

I have read and have had all my questions answered.

Print \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

(if over 18 years of age)

Witness \_\_\_\_\_

7/2/11

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