

Mountain View Ear, Nose & Throat, PC

112 Medical Circle, Winchester, VA 22601
Phone: (540) 542-1995 Fax (540) 542-1996

MEDICAL RECORD RELEASE

Patient Name: _____ Date: _____

Address: _____

Phone #: _____ Date of birth: _____

SSN: _____

Records to be obtained from:

Name of physician or facility: _____

Address: _____

Records to be released to:

Name of physician or facility: _____

Address: _____

Office notes: _____ Operative Notes: _____ Audiology reports: _____

Dates of service requested: _____

This section must be signed by the patient, legal guardian or Power of Attorney:

I understand that my records may contain sensitive information. My signature indicates my authorization to release all of these records.

Patient signature: _____

Parent, legal guardian or Power of Attorney: _____

Records released on _____ / _____ / _____ by: _____