

PRESCOTT EAR, NOSE, THROAT, AND ALLERGY P.L.L.C

DISEASES AND SURGERY OF THE EAR, NOSE & THROAT
HEAD AND NECK SURGERY • ALLERGY

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 and 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 and Allergy PLLC
1125 Iron Springs Rd
Prescott, AZ 86305
Ph: 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