



1700 Tree Lane, Suite 320
Snellville, GA 30078
Phone: 770-985-6233
Fax: 770-985-6864

MEDICAL RECORDS REQUEST

Date: _____

Patient Name (please print): _____

Patient Date of Birth: _____

Patient Social Security #: ***/**/_____

I authorize Ear, Nose & Throat Associates, P.C. to

RELEASE RECORDS TO:

Name of Practice/Doctor: _____

Address: _____

Phone #: (____) ____ - _____ Fax #: (____) ____ - _____

Records that are being sent (check one):

_____ Most Recent, including last two office visits

_____ Other/Specific: _____

Patient Signature: _____

Please fill out and mail to address above. Thank you.