EAST TENNESSEE
EAR, NOSE, THROAT, ALLERGY, HEAD & NECK
SPECIALISTS

Central Office
800 Oak Ridge Turnpike
Suite C-100
Oak Ridge, TN 37830
865-483-2288
865-482-4400 FAX

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Patient Name _____ DOB _____

Address _____

Phone #_____

I authorize East Tennessee Ear, Nose, Throat, Allergy, Head & Neck Specialists to

(CHECK ONE)

☐ RELEASE TO OR ☐ OBTAIN FROM

DOCTOR/OFFICE NAME_____

Address_____

Phone #_____ Fax #_____

I request a copy of (please check)

_____☐ Complete Medical Record

_____☐ Other _____

_____ _____

Patient (or guarantor for minors) signature Date

_____ _____

Witness signature Date