East Tennessee
Ear, Nose, Throat & Allergy
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 Specialists, PC

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