HAGEN BEYER SIMON

Ear, Nose, Throat, and Sinus Specialists

Record Release Authorization

Obtain records from:

Hagen Beyer ENT Clinic
P.O. Box 66
Houma, LA 70361

Phone (985) 872-0423 Fax (985) 872-6600

I hereby authorize and request you to release records to:

_____

_____

_____

The complete history records in your possession, concerning my illness and/or treatment during the period from_____
to _____.

Patient's Name:_____
Printed Name

Patient's Date of Birth:_____

Guardian/Parent Name:_____
Printed Name

Patient's Address:_____
_____
_____

Patient/Guardian Signature:_____***Date***:_____

Witnessed by:_____***Date***:_____