101 Margaret Lane, Suite D, Grass Valley, CA 95945
Phone: (530) 272-2247
Fax: (530) 272-4120
www.GrassvalleyHearing.com
Sol Barros Lic# AU1699

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS/INFORMATION

PATIENT INFORMATION (Please Print)

Name ______________________________ Date of Birth ____________________

Address ____

City ____________________________ State __________ Zip Code _____________

Phone ____

Please release a copy of all my medical records, including but not limited to, progress notes, operative notes, laboratory results and diagnostic tests.

To: Audiology Associates Hearing Center
101 Margaret Lane, Suite D
Grass Valley, CA 95945

Phone: (530) 272-2247
Fax: (530) 272-4120

Send medical records no later than ______________________________.

Patient Signature ______________________________________ Date ______________

Print Name ____