TEXOMA ENT & ALLERGY

Barry B. Prestridge, MD, FACS
Cameron D. Godfrey, MD
Jerry E. Giles, MD
Jed J. Grisel, MD
Melanie R. Lerew, MD
Tammie Franklin, FNP-BC
Jennifer Renner, MSN, FNP-C

RECORDS
RELEASE AUTHORIZATION

PATIENT NAME	DOB
Address	

I request and authorize _____ to release the information specified below to Head & Neck Surgical Associates, specifically to:

Barry B. Prestridge, M.D. **Cameron D. Godfrey, M.D.** **Jerry E. Giles, M.D.**

Jed J. Grisel, M.D. **Melanie Lerew, M.D.**

Tammie Franklin, RN, FNP-BC **Jennifer Renner, RN**

FAX NUMBERS: (940) 767-9301 or (940) 264-5503

____ Complete Office Records ____X-Ray, MRI, CT or Other Imaging Reports

____ Lab Reports ____Audiograms

____Operative Reports ____Other _____

____A report pertinent to my problem with _____
_____

Authorization: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it.

Signature	Relationship to Patient	Date

Form faxed to:
Phone
Fax Number:

THANK YOU FOR YOUR PROMPT RESPONSE

Revised 5/2019

TEXOMA HEARING INSTITUTE

Pam Bender, AuD, CCC-A
Karen Lavalley, AuD, CCC-A
Kimberly Ravelo, AuD, CCC-A
Zoe Kavanaugh, AuD, CCC-A

1 Burnside Drive
Wichita Falls, TX 76310

940-322-6953
Fax: 940-767-9301

940-264-5500
Fax: 940-264-5503