

6133 POPLAR PIKE MEMPHIS, TN 38119 PHONE: (901) 761-9720 / FAX: (901) 680-1992

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I AUTHORIZE THE RELEASE OF ALL MY MEDICAL RECORDS INCLUDING ANY APPLICABLE BILLING: FROM: Name of Doctor or Hospital Mailing Address City/State/Zip TO BE FORWARDED TO: Name of Doctor SHEA EAR CLINIC 6133 Poplar Pike Memphis, TN 38119 Patient's Name (Please Print) Street Address City/State/Zip Date of Birth Date of Last Office Visit Signature of Patient (Parent or Guardian) Date Signed Signature of Witness Date Signed