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## Release of Atlantic Ear, Nose & Throat Records

Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I am requesting the following information (*please be specific*) for the patient specified above:

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My reason for the request is: \_\_\_\_\_

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Please choose from the following options the method you prefer to receive your medical records,

- Patient Portal
- Pickup from the Orange City Office
- Mail to:

\_\_\_\_\_

\_\_\_\_\_

I understand it may take up to 30 days to fulfill this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Patient