

SURGEONS

CHRIS ST.CHARLES, M.D.
TODD E. FOWLER, M.D.
PETER M. HUNT, M.D.
DOUG A. LIENING, M.D.
ROBERT G. MYNATT, M.D.

FORMER PARTNERS

CHARLES H. ALPER, M.D.
JOHN T. EVANS, M.D.
JOHN F. BOXELL, M.D.
HATHAWAY K. HARVEY, M.D.

ADMINISTRATOR

DARLENE BAIN



OFFICES

OASIS PARK BUILDING I
1724 HAMILL ROAD, SUITE 102
CHATTANOOGA, TN

1651 GUNBARREL ROAD, SUITE 101A
CHATTANOOGA, TN 37421

AUDIOLOGIST

AMY STEVENSON, CCC-A
KIM MORGAN, CCC-A
SARA WILKENS, Au.D., CCC-A

OFFICE PHONES

TELEPHONE: (423)267-6738
FACSIMILE: (423)209-9112

REQUEST / RELEASE FOR INFORMATION

Date: _____

Please fax or mail all pertinent medical records, including test results and professional note, associated with the treatment and diagnosis of the following patient:

Name: _____
First: Middle Last

Address: _____
Street or PO Box

City, State, Zip:

Social Security #:

Date of Birth:

See Patient's or Legal Guardian's authorization, below.

Thank you,

Associates in ENT

Fax: (423)209-9106
Phone: (423)267-6738

TO THE ATTENTION OF: _____
If By Mail: Oasis Park, Bldg. I
1724 Hamill Road, Suite 102
Chattanooga, TN 37343

Legal Authorization

I hereby request and authorize you to release to the Physicians of Associates in Ear, Nose, Throat, Head and Neck Surgery PLLC, any and all medical information and records regarding the treatment and diagnosis of the above-named person.

Printed Name

Signature

Date

Witness

Date

