

HEARING ASSOCIATES
1830 Blake Ave Suite 203
Glenwood Springs, CO 81601

Phone 970-945-8989
Fax 970-384-2962

Records Release Request

Patient _____ Date of Birth _____
Address _____

Please forward all records pertaining to the above patient to the following:

Name _____
Address _____

Telephone/Fax _____
Email _____

Patient Signature

Date