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

Phone 970-945-8989
Fax 970-449-7436

Current Patient Records Release Request

Patient _____ Date of Birth _____

Address _____

_____

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

Physician Name _____

Address _____

_____

Telephone/Fax _____

_____ _____

Patient Signature Date