

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

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

Records Release Request

Please send the patient's medical records to the fax/email above.

Physician Name _____

Phone/Fax _____

Patient Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____

DOB _____

Records to include the following (Mark all that apply):

Audiology Exam Reports

Notes

Other _____

Patient Signature

Date