Advanced Audiology Concepts, Inc
8897 Mentor Avenue
Mentor, Ohio 44060
440.205.8848
Fax: 440.205.9818

Release of Medical Records

Date: _____

To Whom It May Concern:

I _____ authorize Advanced Audiology Concepts to release my audiologic records to:

Name: _____

Address: _____

City, State Zip: _____

Fax: _____

Thank you,

Patient Name: _____

Address: _____

_____

Birth Date: _____

Signature: _____