EL PASO EAR, NOSE & THROAT, P.L.L.C.

Jorge Contreras, M.D. Gary Nanez, M.D.
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(915)779-5866• Fax: (915)283-4128

- **I hereby authorize: CGN El Paso Ear Nose & Throat, PLLC, physicians and staff to release or request any or all medical record information. This consent is effective from todays date and will expire in one year. I understand that the information used or disclosed pursuant to this consent may be disclosed by recipient and may no longer be protected by federal or state law.**

Patient's Name: _____ Date of Birth: _____

Patient's Signature: _____ Date: _____

Witness/Office Staff_____ Date: _____

Release Information only as indicated below:

- All Medical Records
- Audiology Reports
- History and Physical Reports
- Operative Reports
- One Year of Reports
- Pathology Reports
- Progress Notes
- Radiology Reports
- Sleep Study Reports
- Other_____
- Do not Release Records

Primary Care Dr. Name: _____ Phone Number_____ Fax_____

Specialist Name: _____ Phone Number_____Fax_____

Hospital/Other Name_____ Phone Number_____ Fax_____

Other Person allowed to request Medical records other than patient if other than the patient of a minor, Power of Attorney or notarized letter must be obtained and scanned in the patient's medical records.

Name: _____ Relationship to the patient_____

Signature_____ Date_____