



## **Audiogram & Related Record Release**

Date: 12/30/2012

Mr. Robert L. Smith  
4506 45th WY  
Mangonia Park, FL 33407

I authorize Northwest Florida ENT to issue a copy of my audiogram  
and related hearing healthcare records to my:

\_\_\_\_\_ Physician \_\_\_\_\_

\_\_\_\_\_ Insurance Company \_\_\_\_\_

\_\_\_\_\_ (Other) \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_