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Audiogram & Related Record Release

| Date: 12/30/2012 | |
|--|--|
| Mr. Robert L. Smith 4506 45th WY Mangonia Park, FL 33407 | |
| I authorize Northwest Florida and related hearing healthcare | ENT to issue a copy of my audiogram records to my: |
| Physician | |
| Insurance Company | |
| (Other) | |
| | |
| | |
| Patient Signature: | |
| Date of Signature: | |

Page Number 1 Date Printed: 12/30/2012