Smith Hearing Healthcare, P.L.L.C.
3400 New Hartford Road, Ste. B
Owensboro, KY 42303
(270)

Authorization for Release of Medical Records

Patient Name _____ Date of Birth _____

Social Security Number _____ Phone Number _____

Address _____

City, State, Zip Code _____

I hereby request _____
(name of facility)

to release of all my medical records including audiological testing etc. to:

Smith Hearing Healthcare
3400 New Hartford Road, Suite B
Owensboro, KY 42303

_____ _____
Patient/Guardian Signature Date

_____ _____
Witness Date