



Upper Valley ENT & Allergy – Jay McMaster D.O. – Barry Peterson, D.O. – Dan Weber, PA-C

256 North 2nd East, Rexburg, ID 83440 – ph: (208) 656-9646 – fax: (208) 656-9645 – www.uventallergy.com

MEDICAL RECORDS RELEASE

Date: _____

I, _____, hereby authorize the Office of
(Print Full Name)

Upper Valley ENT & Allergy to Release my Medical Record information to:

(Please indicate where the records should be sent and provide appropriate information such as address, fax number, etc.)

Please List Reason for Release of Records (e.g., referral, insurance request, etc.)

Please identify the exact records that are to be released. Identify specific illness, treatment, and date(s) of service.

This consent will expire on _____, unless revoked by the patient at an earlier date.

Permission has been given by me to the release of the medical records specified above to the recipient listed on this release.

Persons requesting medical records will need to provide proof of identity, with a photo ID (i.e... Driver's license, school ID, government ID.) ID # _____ Type of ID: _____

Patient Signature _____ Date: _____

Witness Signature _____ Date: _____