Colorado Tinnitus
and Hearing Center, Inc.
Connecting People With The Sounds of Life

Colorado Tinnitus & Hearing Center, Inc.
3601 South Clarkson Street, #220
Englewood, Colorado 80113
PH: 303.534.0163

Authorization for Release of Medical Records

Please initial all that apply:

_____ I would like these records released to myself.

_____ I would like these records released to my primary care physician (PCP).
If so, please provide:
Name of PCP:_____
PCP's fax number: _____

_____ I understand that I may be referred to an ear, nose and throat (ENT) physician or other specialist for further medical evaluation.

_____ I already have an ENT who specializes in pathologies of the ears and would like my records released to them.
If so, please provide:
Name of ENT:_____
ENT's fax number:_____

_____ I would also like my records released to:
Name: _____
Contact:_____

I authorize Colorado Tinnitus and Hearing Center, Inc. to release a copy of my audiologic evaluations, audiological tests, medical clearances and other information regarding my hearing loss, tinnitus, and/or any related issues to the above parties.

Patient Name:_____ Date of Birth: _____

Patient / Guardian Signature: _____ Today's Date:_____