



OMAHA EAR NOSE & THROAT  
CLINIC

# Omaha Ear, Nose & Throat Clinic, PC

Ann Edmunds, M.D., Pharm D  
17410 Burke St. Ste. 200  
Omaha, NE 68118  
Phone (402)758-5330  
Fax (402)758-5339

## Authorization for Release of Medical Records

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### FROM:

Omaha Ear, Nose & Throat Clinic, PC  
17410 Burke St. Ste. 200  
Omaha, NE 68118  
Fax (402) 758-5339  
Phone (402)758-5330

### RELEASE MY MEDICAL RECORDS TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Specific description of information to be released if not requesting entire record: (include dates and services)

\_\_\_\_\_

Please release a copy of all my medical records to include, but not limited to, progress notes, operative notes, laboratory results and diagnostic testing.

BY MY SIGNATURE, I AUTHORIZE RELEASE OF MEDICAL RECORDS:

\_\_\_\_\_ Date: \_\_\_\_\_

Relationship of legal representative to Patient:

\_\_\_\_\_