

East Tennessee Ear, Nose and Throat Specialists, PC

To Whom It May Concern:

I, _____ the undersigned
authorize the release of my medical record to the East Tennessee Ear, Nose &
Throat Specialists, P.C., 800 Oak Ridge Turnpike, Suite C-100, Oak Ridge,
Tennessee.

Signed _____
(If the patient is a minor or for reasons is
unable to sign.)

Closest relative or guardian

Witness _____

Date _____