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Sinus Disorders  
Pediatric ENT Care  
Ear Injuries & Disorders  
Thyroid Problems  
Hearing Loss  
Facial Plastic Surgery  
Voice Disorders  
Acid Reflux

## AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Today's Date: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

I do hereby consent and authorize you to release and/or obtain (as outlined below) copies of my medical records, including current and previous medical records from other practices and practitioners, hospitals, and/or clinics which are a part of my medical records. PLEASE NOTE: This authorization includes consent for the release of alcohol, drug, psychiatric and psychological information; and any information relating to pregnancy, sexually transmitted diseases, HIV Testing, AIDS, and any AIDS-Related Syndromes. It also includes any information concerning Cancer, Cancer Testing, and Cancer Results. I agree that a copy of this release or a fax of this release shall be as valid as this original release. Please send copies of all requested information to the address listed below:

I request my medical records:  1 Year  2 Years  Entire Chart

Other: \_\_\_\_\_

Release Records to:

Obtain Records from:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

If not signed by the patient, please indicate relationship:

- Parent/Guardian of Minor Patient
- Guardian/Conservator of an Incompetent Patient
- Beneficiary/Personal Representative of Deceased Patient

*Please fax this form to (828) 253-6960 and allow at least 72 business hours for processing of medical records.*

1-800-228-3127 | AshevilleENT.com

**Asheville**  
1065 Hendersonville Rd  
Asheville, NC 28803

**East Asheville**  
1000 Centre Park Dr  
Asheville, NC 28805

**Brevard**  
188 Medical Park Dr #7B  
Brevard, NC 28712

**Hendersonville**  
709-D North Justice St  
Hendersonville, NC 28791

**Marion**  
20 Medical Park Dr #2  
Marion, NC 28752