

EAST VALLEY E.N.T.

OTOLARYNGOLOGY/HEAD & NECK SURGERY
ALLERGY, HEARING, VOICE CARE, PEDIATRIC ENT & NASAL SURGERY

WARREN S. LINE, JR., M.D., F. A. C. S.

REQUEST FOR RELEASE OF MEDICAL RECORDS:

PHYSICIAN/MEDICAL GROUP

ADDRESS

PHONE NUMBER

FAX NUMBER

I HEREBY REQUEST THAT MY MEDICAL RECORDS BE RELEASED TO:

WARREN S. LINE, JR., M.D., F. A. C. S.

ADDRESS: 191 S. BUENA VISTA STREET, SUITE #320, BURBANK, CA 91505
PHONE: (818) 559-9727 FAX: (818) 559-5514 EMAIL: EASTVALLEYENT@AOL.COM

PRINT FULL NAME OF PATIENT

DATE OF BIRTH

PATIENT'S SIGNATURE

DATE SIGNED