Reston ENT

Edwin J. Lee, M.D.
Daniel Hwang, M.D.
Nicole J. Colgrove, M.D.
William Kennedy, M.D.
Hannah Kim, Au.D.
Laura Norman, P.A.

Patient Medical Records Request

Date: _____

Patient Name: _____

Patient's DOB: _____

Please check preference below:

- ❑ All medical records
- ❑ Progress Notes/consult letters
- ❑ Laboratory test results
- ❑ Radiology test results
- ❑ Operative reports

I, _____, authorize Reston Ear, Nose & Throat, P.C. to release the medical records to:

_____

_____

_____

Phone: _____

Fax: _____

_____ _____

Signature of Patient/Guardian Date