

SOUTHDALE OTOLARYNGOLOGY, P.A.

Robert H. Rosenberg, M.D. Craig B. Anderson, M.D. Lisa A. Posey, M.D. Robert D. Silver, M.D.

RECORDS RELEASE AUTHORITY

I, _____ Birth date: _____ hereby

request that: SOUTHDALE OTOLARYNGOLOGY, PA
7373 France Av South Ste 302 Edina, MN 55435
Fax: 952-896-9853 Phone: 952-896-3166

Provide in writing To: _____

Address: _____

a report of my diagnosis, treatment, prognosis, and recommendations, as well as other
data pertinent to your treatment of me: _____

(Patient's signature)

(Witness)

(Address)

(Date)

(City, State, Zip)

OTOLARYNGOLOGY * HEAD AND NECK SURGERY * AUDIOLOGY * HEARING AIDS