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Otolaryngology
Head and Neck
Cancer
Pediatric
Otolaryngology
Facial Plastic Surgery
Allergy Management
Balance Disorders
Audiology

I HEREBY AUTHORIZE: _____

TO RELEASE A COPY OF _____ 'S MEDICAL RECORDS
(NAME OF PATIENT)

To: Eastern Shore ENT & Allergy
106 Milford Street
Salisbury, Maryland 21804

PATIENT'S SIGNATURE DATE

SIGNATURE OF LEGAL GUARDIAN IF MINOR DATE

PLEASE INCLUDE THE FOLLOWING:

_____ ADMISSION NOTE _____ PROGRESS NOTES
_____ DISCHARGE SUMMARY _____ CONSULTATION REPORT
_____ OPERATIVE REPORT OTHER _____

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