

David A. Phillips, MD
Christopher Y. Chang, MD
Catie Chalmers, MS, CCC/A
Judy Foster, RN

550 Hospital Drive
Warrenton, VA 20186
T 540-347-0505
F 540-347-5224
www.FauquierENT.net

FAUQUIER EAR NOSE & THROAT CONSULTANTS, PLC



Authorization for Release of Medical Records

Name: _____ Date of Birth: _____

The undersigned authorizes:

(Name of Health Care Provider, Hospital, etc.)

(Street Address)

(City, State, & Zip Code)

to disclose to:

Fauquier Ear, Nose and Throat Consultants, PLC
Hospital Hill Medical Center
550 Hospital Drive
Warrenton, VA 20186
FAX Number: 540.347.5224

All medical records in your possession for above patient.

Authorization:

Patient: _____

Other: _____

(Relation to Patient)

Witnessed by: _____ Date: _____