

# East Tennessee Ear, Nose and Throat Specialists, PC

To Whom It May Concern:

I, \_\_\_\_\_ the undersigned  
authorize the release of my medical record to the East Tennessee Ear, Nose &  
Throat Specialists, P.C., 800 Oak Ridge Turnpike, Suite C-100, Oak Ridge,  
Tennessee.

Signed \_\_\_\_\_  
(If the patient is a minor or for reasons is  
unable to sign.)

\_\_\_\_\_  
Closest relative or guardian

Witness \_\_\_\_\_

Date \_\_\_\_\_