

ENT Specialists
4000 South 700 East, Suite 10
Salt Lake City, UT 84107
801-268-4141



Jerry W. Sonkens, M.D.
Randal W. Swenson, M.D.
David K. Palmer, M.D.
John E. Butler, M.D.

RECORDS RELEASE

Date _____

To: (Please check the Doctor that applies)

- Jerry W. Sonkens, M.D.**
- Randal W. Swenson, M.D.**
- David K. Palmer, M.D.**
- John E. Butler, M.D.**

RE: _____

(Patient's Name)

_____/_____/_____

(Date of Birth)

I hereby authorize you to release to

(Provider/Physician's Name)

(Address)

(Phone Number)

(Fax Number)

any information including the diagnosis and records of any treatment or

examination rendered to me during the period from _____

to _____.

Signature

Witness