Philip A. Scolaro, M.D.
David W. Cuthbertson, M.D.
Otolaryngology
Head and Neck Surgery

EAR NOSE & THROAT
ASSOCIATES OF LUBBOCK

Cathy M. Thackrey, Au.D., CCC-A
Audiology
Hearing Aids

Authorization for Release of Medical Records

Patient Last Name _____ Patient First Name _____ Middle _____

DOB _____ Phone _____ Email _____

Mailing Address _____ City _____ St _____ Zip _____

Records Requested From

Name of Provider _____

Phone _____ Fax _____

Mailing Address _____ City _____ St _____ Zip _____

Records Released To

Name of Provider _____

Phone _____ Fax _____

Mailing Address _____ City _____ St _____ Zip _____

Type or Extent of Information Requested

(check all that apply)

- ○ Complete records
- ○ Office visit notes
- ○ Operative reports
- ○ Pathology
- ○ Radiology
- ○ Current medications
- ○ Audiology testing
- ○ Other
  _____
  _____
  _____

This Authorization will remain in place for 90 days per Texas State law and is effective for medical records generated to the date of signature.

Signature of Patient/Representative_____

Relationship to Patient _____ Date _____