

Drs. Wayne and Fred Shaia 10200 Three Chopt Rd Henrico, VA 23233 Phone:804-288-3277

Fax: 804-282-1043

Medical Release of Information

Patient Name:				
Address:				
SSN#:	SN#: Birth Date:			
Please check appropriate [] Above listed patients Records to:	riate box ent is giving the authorization	for the Balance and	l Ear Center to	send their Medical
Business Name	e:			
	S			
	Fax			
to the Balance and Ear Facility Name:	Center, Inc.			
-				
	Phone #			
	following medical records to I			
Hearing Te	_	Labs		
CT, MRI, F	Report	Office Notes		
Sleep Study	/	All Records		
,	, Cardiac Clearance	Pathology Repo	ort	
[] Above listed patie	ent is giving permission for:			
		, who	is my	to be able
to speak with F	Fred T. Shaia, MD, or Wayne	T. Shaia, MD abou	at my medical c	ondition and treatment.
	Date	e:		
Patient's Signature				
	Date	j:		
Witness Signature				