Greater Philadelphia Ear Specialists, P.C.

Patient Name: _____

Date of Birth: _____

MEDICAL RECORDS RELEASE
TO GREATER PHILADELPHIA EAR SPECIALISTS, P.C.

I, _____, authorize the release of my medical records from

_____.
(Name of Practice)

Please send copies of my medical records to:

Greater Philadelphia Ear Specialists, P.C.
768 N Bethlehem Pike, Ste 300
Ambler, PA 19002-2659

Thank you.

_____
(Signature)

_____
(Date)

Sean P. Larner, D.O.
Greater Philadelphia Ear Specialists, P.C.
768 N Bethlehem Pike, Ste 300
Ambler, PA 19002-2659
Phone: 215-383-1333
Fax: 215-422-3818
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