

Statesboro Ear, Nose, & Throat Clinic

Thomas M. Crews, MD

106 Proctor Street

Statesboro, GA 30458

Ph: (912) 764-8200

Fx: (912) 489-2954

I hereby consent and authorize Statesboro ENT to release copies of all of my medical records.

Patient's Name: _____

Date of Birth: _____

_____ I am personally picking up my medical records.

_____ I hereby request my medical records be forwarded to:

Please select the purpose of your request:

Continued Patient Care

Attorney/Legal

Insurance

Workers Compensation

Social Security/Disability

Personal

Signature: _____

Date: _____

RELATIONSHIP TO PATIENT: (Circle One)

SELF

PARENT

LEGAL GUARDIAN