



# LOS ANGELES CENTER FOR EAR, NOSE, THROAT AND ALLERGY

1700 E CESAR E CHAVEZ AVE, SUITE 2500

LOS ANGELES, CA 90033

Phone: (323) 268-6731 Fax: (323) 268-6738

Web: www.laentdoctors.com



## *Patient Information*

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## *Authorization*

The undersigned authorizes (Name of your healthcare provider):

Name of Health Care Provider: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

To Disclose & deliver to:

LOS ANGELES CENTER FOR EAR, NOSE, THROAT AND ALLERGY

DR. GEOFFREY TRENKLE

1700 E CESAR E CHAVEZ AVE, SUITE 2500

LOS ANGELES, CA 90033

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## *Records To Be Released*

All medical records in your possession

Labs/Radiographs/Notes

\_\_\_\_\_

AUTHORIZATION:

Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

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