



4601 Spicewood Springs Rd
Building 2, Suite 100
Austin, TX 78758
P: 512-345-4664
F: 512-345-6150

Medical Records Release

I, _____, hereby authorize _____
(Patient's Printed Name) (Provider's Printed name)

to release my medical records to 360 Balance & Dizziness for the purpose of continued medical care. If you have questions, please call 512-345-4664, ext 0.

Thank you.

Patient's DOB: _____

Patient's Signature

Date

Guardian or Parent Signature

Guardian or Parent Printed Name

Please send: _____ Audiogram

_____ Blood work

_____ ENG

_____ Other: _____

Specializing in dizziness, balance, and hearing disorders.