

## **Medical Record Request Form**

Please email form to info@chicagoent.com

Michael Friedman, MD, FACS	I hereby authorize ( <i>Physician I Facility name</i> )
OTOLARYNGOLOGY Michael Friedman, MD, FACS T.K. Venkatesan, MD, FACS Adam Levy, MD, FACS Kathryn Colman, MD Sarah Faurer, PA-C	Physician / Facility Fax# to release the information from the medical record of :
PEDIATRIC OTOLARYNGOLOGY Kathryn Colman, MD  FACIAL PLASTIC & RECONSTRUCTIVE SURGEON Daniela Burchhardt, MD	
	Patient Name:
ALLERGY & IMMUNOLOGY Ayesha Siddiqi, MD Kirk Shepard, MD	Address:
SLEEP MEDICINE Michael Friedman, MD, FACS Claire Kenneally, MD T.K. Venkatesan, MD, FACS	Phone: DOB:
John Kelly, DDS  AUDIOLOGY Ellen May, AuD, CCC-A Michelle Nebel, AuD, CCC-A Jaclyn Riel, AuD, CCC-A	To: Chicago ENT Address: 3000 North Halsted Street, Suite 400, Chicago, IL 60657 Phone: 773-296-5500 Fax: 773-296-3800
This information will be u	used for the purpose of:
Only the information spe	ecified below may be released:
	revoke this consent at any time except to the extent that action has consent will automatically expire at the earliest date below as specified:
After 90 days Othe	erwise expressly stated Patient Signature Date
Note: Medical record requests coutake up to 30 days	P 773.296.5500 F 773.296.3800 chicagoent.com

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**CHICAGO ENT - PETERSON**