



MEDICAL DIRECTOR
Michael Friedman, MD, FACS

EAR, NOSE & THROAT
Michael Friedman, MD, FACS
T.K. Venkatesan, MD, FACS
Adam Levy, MD, FACS
Kathryn Colman, MD
Sarah Faurer, PA-C

PEDIATRIC ENT
Kathryn Colman, MD

ALLERGY
Ayesha Siddiqi, MD

SLEEP MEDICINE
Michael Friedman, MD, FACS
Claire Kenneally, MD
T.K. Venkatesan, MD, FACS
Sarah Alderman, MD
John Kelly, DDS
Jill Shoenemen-Parker, PsyD

AUDIOLOGY
Samantha Dixon, AuD
Ellen May, AuD, CCC-A
Michelle Nebel, AuD, CCC-A

CHICAGO - LINCOLN PARK
Advocate Illinois Masonic
Medical Office Center
3000 North Halsted Street
Suite 400
Chicago, IL 60657

SKOKIE
8930 Gross Point Road
Suite 700
Skokie, IL 60077

CHICAGO - BUCKTOWN
2222 West Division Street
Suite 250
Chicago, IL 60622

CHICAGO - NORTH
5140 North California Avenue
Suite 600
Chicago, IL 60625

I hereby authorize: _____

To release information from the medical record of:

Name of Patient: _____

Address: _____

Telephone Number: _____

To: Dr. Michael Friedman
3000 N. Halsted Suite 400
Chicago, IL 60657

This information will be used for the purpose of:

Only the information specified below may be released:

I understand that I may revoke this consent at any time except to the extent that action has already been taken. This consent will automatically expire at the earliest date below as specified:

After 90 days

Otherwise expressly stated Date _____

Patient Signature or Legal Guardian

Date

P | 773.296.5500 F | 773.296.3800

chicagoent.com