The WASHINGTON ENT GROUP MEDICAL OFFICE

SCOTT A. McNAMARA, M.D., F.A.C.S.

BOARD CERTIFIED OTOLARYNGOLOGY-HEAD AND NECK SURGERY
BOARD CERTIFIED AMERICAN ACADEMY OF FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY
FELLOW OF THE AMERICAN COLLEGE OF SURGEONS

AUTHORIZATION FOR RELEASE OF INFORMATION:

(Please Print)

PATIENT NAME: ____________________

ADDRESS: ____________________

CITY: ____________ **STATE:** ________ **ZIP:** ____________

AUTHORIZING INDIVIDUAL (IF DIFFERENT FROM PATIENT): ____________________

RELATION TO PATIENT: ____________

ADDRESS: ____________________

CITY: ____________ **STATE:** ________ **ZIP:** ____________

I, ____________ **HEREBY AUTHORIZE,** ____________________

AT (ADDRESS) ____________________

TO FURNISH TO __The Washington ENT Group/Dr. Scott A. McNamara__.
AT __2440 'M' Street NW, Suite 620 Washington, DC 20037__.

THE DATA LISTED BELOW.

PATIENT/AUTHORIZED INDIVIDUAL SIGNATURE: ____________________

DATE: ____________

**********************TO BE COMPLETED BY REQUESTING PHYSICIAN'S OFFICE*********************

HISTORY ____________ **X-RAYS REPORTS** ____________

OPERATIVE FINDINGS ____________ **OTHER** ____________

FROM: ____________________ TO: ____________________

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