

HOLZER CLINIC LIBERTY CIRCLE, ENT
PHONE 740-886-9370 FAX 740-886-9374

IF YOU HAVE HAD ANY OF THE FOLLOWING TESTS IN THE LAST YEAR PERTAINING TO WHAT YOU ARE BEING SEEN FOR TODAY, PLEASE INDICATE BELOW.

SLEEP STUDY YES/NO WHERE _____ DATE _____

CT SCAN YES/NO WHERE _____ DATE _____

BLOODWORK YES/NO WHERE _____ DATE _____

ULTRASOUND YES/NO WHERE _____ DATE _____

MRI YES/NO WHERE _____ DATE _____

X-RAY YES/NO WHERE _____ DATE _____

OTHER _____ WHERE _____ DATE _____

RECORDS RELEASE CONSENT

**I GIVE PERMISSION FOR MY RECORDS TO BE
RELEASED TO HOLZER LIBERTY CIRCLE, ENT.**

SIGNATURE _____