

Robert L. Borenitsch, D.O., F.O.C.O.O.
EARS, NOSE, THROAT & AUDIOLOGY

5200 State Street, Saginaw, Michigan 48603

Telephone (989) 793-6138

REQUEST FOR RELEASE OF MEDICAL RECORDS

Date _____

I hereby request that my medical records (including any diagnostic or laboratory reports) be released from:

Physicians Hearing & Balance
Dr. Robert Borenitsch
5200 State Street
Saginaw, MI 48603
Phone (989)793-6138
Fax (989)793-5638

To _____
Address _____
Phone _____ Fax _____

Patient Name _____ Date of Birth _____

Patient/Guardian Signature _____