MIDWESTENTCENTRE
Breathe better. Hear better. Live better.

4790 Executive Centre Parkway • St. Peters, MO 63376 • 636.441.3100

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Medical Records Release Form

Date: _____

I hereby authorize **MIDWEST ENT CENTRE**

To release copies of: **(Check all that apply)**

( ) Labs **
( ) Audiogram/ENG **
( ) Sleep Study **
( ) Operative Report **
( ) Pathology Report **
( ) CT Scan/MRI/Thyroid Ultrasound/FNA Report **
( ) Allergy Test Results **
( ) ALL RECORDS

Fee for copying Medical Records
$25.51 + $.59 per page

You will be called with the amount due & payment is due prior to records being copied.

Records being faxed to another doctor's office will be faxed as a courtesy.

**** No charge if selected records are sent to the Follow My Health patient portal.

Patient Name: _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

Date of Birth: _____ **Phone:** _____

Address: _____

_____

_____

To the following: _____

_____

_____

Phone: _____ **Fax:** _____

Signature of patient or legal guardian: _____

*NOTE: ALL MEDICAL RECORD REQUESTS WILL TAKE 3-5 BUSINESS DAYS FROM THE DATE SIGNED REQUEST IS RECEIEVED. IF YOU HAVE AN UPCOMING APPOINTMENT WITH ANOTHER PHYSICIAN YOU WILL NEED TO ALLOW ENOUGH TIME FOR THE RECORDS TO BE TRANSFERRED. Thank you!

** Patients that are enrolled on the Followmyhealth/Patient Portal – can request selected documents to be sent via the portal for no charge, by sending a message via the portal. Please allow 3-5 days for the documents to be sent. Entire chart cannot be sent via the portal. Only documents created after May 2011 can be sent via the portal.

Please fax signed form to (636)441-8072, email or mail it to 4790 Executive Centre Pkwy St Peters, MO 63376- Attn: Medical Records. For Medical Records questions please email RFamous@entmidwest.com or call (636)441-3100 Ext 252