MIDWESTENTCENTRE
Breathe better. Hear better. Live better.

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

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Medical Records Use and Disclosure Release Form

Fee for copying Medical Records
Missouri Law 191.227
$29.47 + $.68 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.

Date: _____

1. I hereby authorize **MIDWEST ENT CENTRE**

To release copies of: **(Check all that apply)**
( ) ALL RECORDS
( ) Labs **
( ) Audiogram/ENG **
( ) Sleep Study **
( ) Operative Report **
( ) Pathology Report **
( ) CT Scan/MRI/Thyroid Ultrasound/FNA Report **
( ) Allergy Test Results **

2. Specific Date(s) of service:_____

3. Purpose for release of information: ☐ At my request ☐ Continuity of care ☐ Other_____

4. **Patient Name:** _____
(Last Name) (First Name) (Middle Initial) (Maiden Name)

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

Address: _____

5. Person receiving this information:

☐ SEND TO--NAME:_____

Address: _____

Phone: _____ Fax: _____

☐ I will pick up my records.
☐ My personal representative will pick up the records- Name:_____
(ID required for pick up)

6. This authorization will end: ☐ One time request ☐ Specific event or date: _____

Signature of patient or legal guardian:_____ **Relationship:**_____

Medical records requests can take up to 10 business days to process. Thank you.

Please fax signed form to (636)441-8072, email- contact@entmidwest.com or mail form to 4790 Executive Centre Pkwy St Peters, MO 63376- Attn: Medical Records. 1/12/26