



OTOLARYNGOLOGY – HEAD & NECK SURGERY
FACIAL PLASTIC & RECONSTRUCTIVE SURGERY

Robert F. Thompson, M.D., F.A.C.S.
Mark S. Walton, M.D., F.A.C.S.
Steven F. Ellis, M.D., F.A.C.S.
Mitchell J. Challis, M.D., F.A.C.S.
Richard B. Price, M.D.
Caroline G. McFeeters, PA-C
Kimberley A. Meyer, PA-C

CLINICAL AUDIOLOGISTS

Carissa R. Allen, Au.D., CCC-A
Shirin Sattarin, Au.D., CCC-A
Lori Cook, MS, CCC-A
Kristy Campion, Au.D., FCC-A

SPEECH PATHOLOGY

Peggy O'Reagan-Salva, M.A., CCC-SLP

AUTHORIZATION TO RELEASE MEDICAL RECORDS

Patient Name: _____ Date of Birth: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Information to be RELEASED TO

Name of Recipient: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Information to be RELEASED BY HEAD & NECK SURGERY OF KANSAS CITY

- ☐ Clinical Note(s): ALL or Specify Dates: _____
- ☐ Audiograms: ALL or Specify Dates: _____
- ☐ CT Reports in office: ALL or Specify Dates: _____
- ☐ Other/Specify: _____
- ALL or Specify Dates: _____

I authorize the release of medical records to myself or my legal guardian.

Patient/Legal Guardian Signature: _____

College & Nall: 5370 College, Ste 100 | Overland Park, KS 66211
Shawnee Mission: 8901 W 74th St, Ste 121 | Shawnee Mission, KS 66204
Grandview/150 Hwy: 7201 E 147th Street, Ste 120 | Grandview, MO 64030
South OP: 7840 W 165th St, Ste 280 | Overland Park, KS 66223
PH: 913.599.4800 | **FAX:** 913.599.2992 | **www.HNSKC.com**