Head & Neck Surgery of Kansas City, P.A.

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: _____ Email: _____

Street Address: _____ City: _____

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

Please release the information by:

□ Paper (fee applies) □ Fax □ Email

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: _____

Please allow **5–7 business days** for record delivery. **Copying** charges may apply;
Secure email and fax delivery are provided **at no cost.**
Completed forms may be returned: **1. In person 2. By email at** front.hnskc@gmail.com **3. By fax at 913-599-2992**

College & Nall: 5370 College Blvd, Ste 100 | Overland Park, KS 66211
Shawnee Mission: 8901 W 74th St, Ste 121 | Shawnee Mission, KS 66204
South OP: 7840 W 165th St, Ste 280 | Overland Park, KS 66223
PH: 913.599.4800 | **Fax:** 913.599.2992 | front.hnskc@gmail.com | **www.HNSKC.com**