



CENTER FOR BALANCE DISORDERS
MEDICAL RECORDS RELEASE FORM

<http://www.bcm.edu/oto/cfb/>
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The Neurosensory Center of Houston
3rd Floor, Room NA315

Bobby R. Alford Department of Otorhinolaryngology & Communicative Sciences
Baylor College of Medicine

**Request for Release
of
Medical Records**

I Hereby Authorize You to
Release the Medical Records on

(Patient's Full Name)

To: _____ M.D.

City State Zip

Telephone Fax

Signed: _____
(Patient)

Date Witness

Remarks: