

SOUTHWEST EAR, NOSE & THROAT  
MICHAEL E. PRATER, M.D.  
1760 McCulloch Blvd., N., Suite 100  
Lake Havasu City, AZ 86403  
(928) 453-0303 FAX (928) 453-0338

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## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

Patient Information (please print)

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN# \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
to send copies of my medical records, including but not limited to, progress  
notes, operative notes, laboratory results and diagnostic tests.

Please send these records to:

**SOUTHWEST EAR, NOSE & THROAT**  
**1760 McCulloch Blvd. N., Suite 100**  
**Lake Havasu City, AZ 86403**  
**FAX: (928) 453-0338**

**Thank you for expediting this request.**

\_\_\_\_\_  
Signature of Patient or Parent of minor child Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ INITIALS: \_\_\_\_\_