



Proudly serving you since 2004

Records Request Release Form

(To Release Records from Coastal Audiology)

I, _____ request that you send
_____ all information regarding my healthcare history, specifically:

- Pertinent hearing healthcare history including but not limited to: ear surgeries, medication, noise exposure.
- Any hearing tests
- Hearing Aid programming history
- Warranty information
- Any other information which may aid in their evaluation and treatment.

Patient Signature

Date

Name _____

Date of Birth _____

Facility Requesting Records sent to (phone,
fax,address): _____

Thank you!