

Chesapeake Ear, Nose & Throat  
Centers for Advanced ENT Care, LLC  
**Michael D. Weiss, M.D. Scott D. London, M.D. Daniel V. Santos, M.D. Tam N. Nguyen, M.D.**  
**Praveen Duggal, M.D. Mark S. Schneyer, M.D. Asiya R. O'Marra, PA-C, MMS**  
23 Crossroads Drive Suite 400  
Owings Mills, MD 21117  
410-356-2626 (p)  
410-356-8945 (f)

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

To Whom It May Concern:

I hereby request that the release of my protected health information be released to  
Chesapeake Ear, Nose & Throat  
Centers for Advanced ENT Care, LLC  
23 Crossroads Drive, Ste. 400  
Owings Mills, MD 21117  
Fax: 410-356-8945

If your office is in possession of any records from another provider,

\_\_\_\_\_ I DO wish to have those records released under this authorization.

\_\_\_\_\_ I DO NOT wish to have those records released under this authorization

I understand that this request is valid for a full year and will expire one year from the date it is signed unless a shorter time is indicated here: \_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Patient's Name Printed

\_\_\_\_\_  
Patient's Date of Birth \*\*

\_\_\_\_\_  
Phone Number

\*\*Please complete below if the patient is a minor

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian Name Printed