



Dr. DelRay Maughan, MD
Dr. James V. Crawford, MD
13900 W Wainwright Dr STE #102, Boise, ID 83713
Phone: 208-938-5823; Fax: 208-938-5306
Idahoear.com

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

Address: _____

Telephone: _____

I request and authorize _____ to
release healthcare information of the patient named above to:

Idaho Ear Clinic
13900 W Wainwright Dr STE 102
Boise, ID 83713
Phone: 208-938-5823
Fax: 208-938-5306

This request and authorization applies to:

- Clinic/progress notes
- Operation reports
- Audiologic testing
- Vestibular testing
- MR/CT imaging reports
- Lab results
- Other _____

Patient/Guardian Signature: _____ Date Signed: _____

Relationship to the patient: _____

THIS AUTHORIZATION EXPIRES NINETY DAYS AFTER IT IS SIGNED.