



Dr. DelRay Maughan, MD  
Dr. James V. Crawford, MD  
13900 W Wainwright Dr STE #102, Boise, ID 83713  
Phone: 208-938-5923; Fax: 208-938-5603  
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.