Dr. Richard J. Strauch
Doctor of Audiology
2-B Waln Street
Wellsboro, PA 16901
(570) 724-4042
Fax: (570) 724-2638
www.drstrauch.com

CONSENT OF RELEASE OF INFORMATION

______________________________	____________	________
Printed Name of Patient	Date of Birth	Date

I, the undersigned, request and authorize Dr. Richard Strauch, to furnish or release whatever medical records or other information which he deems appropriate relative to the above patient's medical treatment to:

______________________	______________________
Physician's Name	Physician's Address
______________________	______________________
Witness	Signature of Patient or other person Authorized to sign for patient.
	______________________
	Printed name of person authorized to Sign for patient, if any.