



203 S. Zeeb Rd., Ste 207
Ann Arbor, MI 48103

Phone: 734-994-8300
Fax: 734-994-8353
Website: www.oconnorhearing.com

MEDICAL RELEASE OF INFORMATION
Request for Records Copy to be Sent

I hereby authorize and request the release of all records concerning my ears and hearing, including

- Hearing Tests
- Hearing Aid Evaluations
- Hearing Aid Fittings/Deliveries
- Physician's Medical Clearance (or Waiver)
- Physician's medical notes and recommendations regarding the ear and hearing
- Contract / Purchase Agreement

To be sent

TO: O'Connor Hearing Center, 203 S. Zeeb Rd., Ste 207, Ann Arbor MI 48103

These records will be used for historic records and review regarding the patient's hearing aid service, hearing evaluation, hearing aid evaluation, and hearing aid dispensing.

Effective Date

Patient's Name Date of Birth

Address Phone:

Patient's Signature

Please mail **or fax** a copy of my records to:

O'Connor Hearing Center
203 S. Zeeb Rd., Suite 207
Ann Arbor, MI 48103
Phone: 734-994-8300

FAX: 734-994-8353