HELENA EAR, NOSE & THROAT CLINIC
3116 Saddle Drive, Suite 4, Helena, MT 59601 | HelenaENT.com | Phone: (406) 204-2409 | Fax: (406) 422-5611

Scott R. Pargot D.O.
Nate A. Sanders D.O.

I, _____
Patient Name Date of Birth

hereby request that : _____
Health Care Provider's Name

_____
Phone Fax Address

provide in writing to: _____
Name

_____
Phone Fax Address

A report of my diagnosis, treatment, prognosis and recommendations as well as other data pertinent to his/her treatment of me during the period I was in his/her care. I give express consent to release any health care information relating to testing, diagnosis and/or treatment for HIC (AIDS virus), sexually transmitted diseases, psychiatric/mental health disorders, and drug or alcohol use.

Please mark one:

Moving ___ Referral ___ Transferring Care ___ Other_____

_____ _____
Patient Signature Witness Signature

_____
Date