

**Osborne Head & Neck Institute**  
*and*  
**Osborne Head & Neck Specialty Group**

Dr. Ryan F. Osborne

Dr. Jason S. Hamilton

**AUTHORIZATION TO RELEASE RECORDS**

To:

|   |             |
|---|-------------|
| <b>Name:</b>                              |             |
| <b>Address</b><br>_____<br>_____<br>_____ |             |
| <b>Phone:</b>                             | <b>Fax:</b> |

Please release the following Medical Records to:

**OSBORNE HEAD AND NECK INSTITUTE**  
*and*  
**OSBORNE HEAD AND NECK SPECIALTY GROUP**  
6240 W. Manchester Ave S  
Los Angeles, CA 90045

\_\_\_ All Medical Records  
\_\_\_ Imaging Studies/Reports  
\_\_\_ CD/Photo

\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date

**Osborne Head & Neck Specialty Group**  
6240 W. Manchester Ave S  
Los Angeles, CA 90045  
310 657-0123 Tel  
**310 657-0142 Fax**