

ENT Specialists

4000 South 700 East, Suite 10
Salt Lake City, UT 84107
801-268-4141
5770 South 250 East Suite 285
Murray UT 84107
801-268-2822



Jerry W. Sonkens, M.D.
Randal W. Swenson, M.D.
David K. Palmer, M.D.
John E. Butler, M.D.
Justin D. Gull, M.D.

RECORDS RELEASE

Date _____

To: _____
(Provider/Physician's Name)

RE: _____
(Patient's Name)
_____/_____/_____
(Date of Birth)

I hereby authorize you to release to:

(Please check the Doctor that applies)

- Jerry W. Sonkens, M.D.**
- Randal W. Swenson, M.D.**
- David K. Palmer, M.D.**
- John E. Butler, M.D.**
- Justin D. Gull, M.D.**

**any information including the diagnosis and records of any treatment or
examination rendered to me during the period from _____
to _____.**

Signature

Witness

ENT Specialists

4000 South 700 East, Suite 10
Salt Lake City, UT 84107
801-268-4141
5770 South 250 East Suite 285
Murray, UT 84107
801-268-2822



Jerry W. Sonkens, M.D.
Randal W. Swenson, M.D.
David K. Palmer, M.D.
John E. Butler, M.D.
Justin D. Gull, M.D.

RECORDS RELEASE

Date _____

To: (Please check the Doctor that applies)

- Jerry W. Sonkens, M.D.**
- Randal W. Swenson, M.D.**
- David K. Palmer, M.D.**
- John E. Butler, M.D.**
- Justin D. Gull, M.D.**

RE: _____
(Patient's Name)
_____/_____/_____
(Date of Birth)

I hereby authorize you to release to

(Provider/Physician's Name)

(Address)

_____ (Phone Number) _____ (Fax Number)

any information including the diagnosis and records of any treatment or

examination rendered to me during the period from _____

to _____.

Signature

Witness