Fairfax Hearing Center

8120 Gatehouse Road, 1st FL
Falls Church, VA 22042

(703) 573-4327 office
(703) 204-0144 fax

AUTHORIZATION FOR RELEASE OF INFORMATION

Date:_____

Information Requested From:

_____
Name of Person, Organization, or Institution

_____
Street Address

_____
City State Zip Code

_____
fax number

I authorize my medical and audiological information to be released to:

Fairfax Hearing Center
8120 Gatehouse Road, 1st FL
Falls Church, VA 22042
703-204-0144 fax

____ Gena Marino, Au.D., CCC-A
____ Nicola Romero, Au.D., CCC-A

I want the following confidential information to be exchanged:

____ Medical Records
____ Audiograms
____ Audiological Reports
____ Hearing Aid Specs/Eval.
____ Repair Forms/Work
____ Other _____

Patient Name_____

Date of Birth_____

Signature_____