



Dr. Natan Bauman
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Disorders of Hearing,
Tinnitus and Dizziness
Hearing Aids

Records Release Form
(Please Print)

Date: _____

Patient's Name: _____

Address: _____

City/State/Zip: _____

Patient's DOB: _____

Doctor to whom the records should be sent:

Doctor Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Patient's Signature: _____