



**Head & Neck Surgery**  
of Kansas City, P.A.

**OTOLARYNGOLOGY - HEAD & NECK SURGERY**  
**FACIAL PLASTIC & RECONSTRUCTIVE SURGERY**

**Robert F. Thompson, M.D., F.A.C.S.**

*Board Certified, Otolaryngology*

**Mark S. Walton, M.D., F.A.C.S.**

*Board Certified, Otolaryngology*

**Steven F. Ellis, M.D., F.A.C.S.**

*Board Certified, Otolaryngology*

**Mitchell J. Challis, M.D., F.A.C.S.**

*Board Certified, Otolaryngology*

**Carson T. Williams, M.D.**

*Board Certified, Otolaryngology*

**Richard B. Price, M.D.**

*Board Certified, Otolaryngology*

**CLINICAL AUDIOLOGISTS**

**Carissa R. Allen, Au.D., CCC-A**

**Shirin Sattarin, Au.D., CCC-A**

**SPEECH PATHOLOGY**

**Peggy O'Reagan-Salva, M.A., CCC-SLP**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PH #: \_\_\_\_\_

**I authorize release of Medical Records to:**

Head & Neck Surgery of Kansas City, P.A.

5370 College Blvd, Ste 100

Overland Park, KS 66211

PH: 913.599.4800 FX: 913.599.2992

**From:** \_\_\_\_\_

PH: \_\_\_\_\_ FX: \_\_\_\_\_

**From:** \_\_\_\_\_

PH: \_\_\_\_\_ FX: \_\_\_\_\_

**I authorize release of Medical Records to myself/legal guardian**

**I authorize release of Medical Records to:**

PH: \_\_\_\_\_ FX: \_\_\_\_\_

**Specific Medical Records Requested:**

\_\_\_\_\_ Date of Service: \_\_\_\_\_

\_\_\_\_\_ Date of Service: \_\_\_\_\_

**Consent for Release of Records:**

Patient/Legal Guardian Signature: \_\_\_\_\_