



# Calgary Ear Centre

## Consent to Release Records to Physician

Client: \_\_\_\_\_

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

### *Appointment Information*

Services Performed:

**Full Tinnitus Assessment - 90 Minute Consultation Appointment**

Clinician:

**Suzanne MacLaren, Registered Audiologist and Tinnitus Health Specialist**

- I consent that the Calgary Ear Centre may send a report of the findings of my appointment today. This report will be kept on file at the clinic for future follow-up and administrative purposes. **Please list the first and last name of any doctors you would like your report sent to:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I do not consent for the Calgary Ear Centre to send reports to any physician on my behalf.*

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Customer Signature

Date Signed

\*\* Please note if the **FIRST AND LAST name of your physician** are not provided, your report will only be sent directly to yourself to hand out at your discretion. We will not send reports if we are not provided with all the information from the initial appointment.