

ENT and Voice Care of Atlanta

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Yvette V. Leslie, M.D.

*Fellow, American Academy of
Otolaryngology - HNS*

Allergy and Sinus Disorders

Head and Neck Surgery

Pediatric ENT

Swallowing Disorders

*Laryngology and Voice
Disorders*

Audiology Services

Speech Pathology Services

**RELEASE OF RECORDS AUTHORIZATION
FORM**

I, _____, hereby authorize

To release a copy of

***Yvette V. Leslie, M.D.
1390 Montreal Road, Ste 120
Tucker, GA 30084***

Patient's Name

Patient's DOB

Patient's Social Security #

Patient's Signature

Date

Witness

This authorization will expire 6 months from the date of signature.
I understand that if additional information is required after that time, I will be
required to sign a new **Release of Records Authorization form**.