



Tom K. Coffey, M.D.

Adam W. Pearl, M.D.

**MEDICAL RECORDS REQUEST**

To: \_\_\_\_\_

Fax: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLEASE RELEASE:  All Medical Records (includes office visit notes, lab results, hearing tests, etc.)

**-OR-**

- Office Notes only
- Lab Work only
- Hearing Tests only
- Radiology Report: \_\_\_\_\_

**PLEASE SEND RECORDS TO:** Connecticut Ear Nose & Throat  
Medical Surgical Specialists  
15 Corporate Drive Suite 2-8  
Trumbull, CT 06611

**FAX:** 203-452-7089  
**PHONE :** 203-452-7081

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_