ENT AND ALLERGY SPECIALISTS

Brian J. Broker, MD
Laurence V. Cramer, DO
Paul B. Swanson, MD
Carol F. Actor, MD
Geeta A. (Bhargave) Patel, MD
Daniel P. Nadeau, MD

Other than myself I authorize the following to receive my personal and protected health information:

Name: _____

DOB _____ Relationship _____

Name: _____

DOB _____ Relationship _____

and be able to pick up my records upon my request. Also are there any other physicians you wish to include our correspondence:

Name: _____

Address: _____

_____

City, State, Zip _____

I have read and have had all my questions answered.

Print: _____

Signature: _____

(P**atient-18 years of age or older, if under age parent or guardian signature**)

Date: _____

Witness _____

Phoenixville: 826 Main Street, Suite 201 Phoenixville, PA 19460 **Tel:** 610-415-1100 **Fax:** 610-415-1101
Bryn Mawr: 825 Old Lancaster Road, Suite 300 Bryn Mawr, PA 19010 **Tel:** 610-520-0900 **Fax:** 610-415-1101
Pottstown: 5 South Sunnybrook Road, Suite 300 Pottstown, PA 19464 **Tel:** 610-326-3600 **Fax:** 610-415-1101
East Norriton: 342 West Germantown Pike, Suite 320 East Norriton, PA 19403 **Tel:** 610-415-1100 **Fax:** 610-415-1101