



# Mountain Regional Ear Nose & Throat, P.A.

F A C I A L   P L A S T I C   S U R G E R Y

## Medical Records Transfer Request

John P. Pickens, M.D.

Otolaryngology –  
Head & Neck Surgery,  
Facial Plastic Surgery

Diplomate, American Board  
of Otolaryngology –  
Head and Neck Surgery

To : Mountain Regional Ear, Nose & Throat

I hereby authorize release of my records to the following:

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*Audiology*

*Hearing Aids*

*Balance Testing*

The reason I am requesting this is:

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Please send the following records:

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Patient's Name (printed): \_\_\_\_\_

Patient's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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