

Otology / Neurotology  
JOHN M. LASAK, M.D.  
Clinical Assistant Professor  
University of Kansas School of Medicine-Wichita

Certified Family Nurse Practitioner  
LINDSAY SCOTT, MSN, APRN, BC



## WICHITA EAR CLINIC

9350 E. CENTRAL • WICHITA, KANSAS 67206  
TELEPHONE (316) 686-6608 • FAX (316) 686-3624  
TOLL FREE (800) 794-7230

Audiology  
CARMEN SCHULTE, M.A.  
MELANIE D. RHORER, Au.D.  
BAILEE FIELDS, Au.D.  
ASHLEY SCHAUNER, Au.D.

C.Y. SUELLENTROP, Administrator

### REQUEST FOR PROTECTED HEALTH INFORMATION

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

BIRTHDATE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

I am requesting the following protected health information:

\_\_\_\_\_ Office Notes \_\_\_\_\_ Entire Medical Records

\_\_\_\_\_ Radiology Reports \_\_\_\_\_ Operative Reports

\_\_\_\_\_ Audiogram \_\_\_\_\_ Other

\_\_\_\_\_ Vestibular Testing

The purpose(s) of my obtaining this information is:

\_\_\_\_\_

I authorize this information to be released to/from: Wichita Ear Clinic  
Dr. Kryzer or Dr. Lasak

To/From: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Relationship to Patient: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

VERIFIED IDENTITY BY: ( ) DRIVER'S LICENSE ( ) COMPANY/AGENCY LETTER  
INFORMATION SENT VIA: ( ) FAX ( ) MAIL ( ) PATIENT PICKED UP

NUMBER OF PATIENT RECORDS SENT: \_\_\_\_\_

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

Adult and Pediatric Ear Disease and Surgery ♦ Hearing and Balance Disorders  
Facial Nerve Disorders ♦ Hearing Aids ♦ Pediatric and Adult Cochlear  
Implantation ♦ Congenital Ear Malformations ♦ Posterior Fossa Surgery  
Skull Base Surgery ♦ Cyberknife ♦ Gamma Knife ♦ Related Allergy