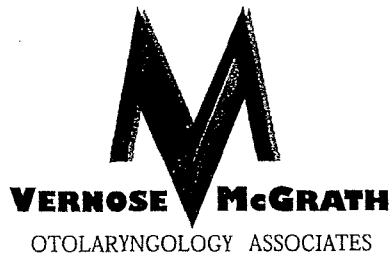


Adult and Pediatric  
Otorhinolaryngology  
Facial Plastic Surgery  
Head and Neck Surgery



Sinus Surgery  
Snoring Surgery  
Otolaryngic Allergy  
Audiology Center

**RECORD RELEASE FORM**

**DATE:**

**TO:**

**RE:**

DR. GERARD V. VERNOSE/DR. JOHN W. MC GRATH, has my permission to secure or submit to professional or other agencies, information necessary for the understanding of my present condition.

**PATIENT SIGNATURE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

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

**NOTES:**

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