LEE M. MANDEL, M.D., F.A.C.S., F.A.R.S.
Diplomate, American Board of Otolaryngology
Diplomate, American Board of Facial Plastic and Reconstructive Surgery

Brigitte Shaw, M.M.S, PA-C Sameeksha Patil Ng-a-Kien, M.M.S., PA-C Eden Avni M.M.S., PA-C

South Florida Sinus and Allergy Center
ENT and Allergy Associates of Florida

1301 E. Broward Blvd., Suite 240, Ft. Lauderdale, Florida 33301, Tel: (954) 983-1211 * Fax: (954) 983-4190
950 S. Pine Island Road, Suite A-180, Plantation, Florida 33324 Tel: (954) 587-4218 * Fax: (954) 587-4219

I, _____, authorize_____
to release or discuss information related to my medical condition (including information related to my treatment plan, medication information and/or billing information) to the following named persons:

1. _____ 2. _____

3. _____ 4. _____

YOU ARE NOT REQUIRED TO LIST ANY NAME IF YOU DO NOT SO CHOOSE.

Please list phone numbers where you would like us to contact you for:

- Reminder notices
- Changes on scheduled appointments
- Messages for the above can be left on an answering machine—☐ Yes, ☐ No

1. _____ 2._____

3. _____ 4. _____

Patient name, (Please Print): _____ D/O/B: _____

_____

Patient Signature or Legal Guardian