

29. Is your child's speech clear? _____

30. What was your reason for coming to Hearing Health Center today? _____

How did you hear about our services?

- Doctor Referral
- Advertisement
- School
- Other _____
- Friend _____
- Yellow pages _____
- Previous patient

Authorization For Release of Information

I authorize the Hearing Health Center to release any part or all of my records to those persons listed below:

	<u>Name</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Signature: _____

Relationship to patient: _____

Date: _____