



RECORDS RELEASE

Date: _____

Lee M. Mandel, M.D., F.A.C.S.

Diplomate, American Board of Otolaryngology
 Diplomate, American Board of Facial Plastic
 and Reconstructive Surgery

Official Sinus and Allergy Specialist,
 Florida Panthers Hockey Club

Official Facial Reconstructive Surgeon
 Florida Panthers Hockey Club

Official Professional Voice Specialist
 Bank Atlantic Center and Frank Sinatra Theater

Brigitte Narvarte, M.M.S.,PA-C

***South Florida Sinus
 and Allergy Center***

Specializing in Adult and Pediatric:

Comprehensive Evaluation and Treatment
 of Allergy and Sinus Disorders

National Instructor,
 Certified, Balloon Sinuplasty

Computer Assisted, CT Guided Sinus Surgery
 (3-D Sinus Surgery)

Allergy Testing and Immunotherapy

Facial Plastic and
 Reconstructive Surgery

Diseases and Surgery of the
 Ears, Nose and Throat

Head and Neck Tumor Surgery

Thyroid/Parathyroid Surgery

Hearing Restoration Surgery

Surgical Correction of Congenital
 Head and Neck Anomalies

Facial Skin Cancer Reconstruction

Surgical Treatment of
 Head and Neck Melanoma

Botox and Fillers

To: _____

I hereby authorize you to release to:

LEE MANDEL, M.D., F.A.C.S.

201 NW 70th Ave., Suite C
 Plantation, Fl. 33317
 (954) 587-4218
 Fax: (954) 587-4219

4400 Sheridan Street
 Hollywood, Fl, 33021
 (954) 983-1211
 Fax: (954) 983-4190

any information including the diagnosis and records of any
 treatment or examination rendered to me during the period

from: _____ to: _____

 Patient Name (Please Print)

 Patient Signature or Guardian

Date of Birth: _____

S/S#: _____

Witness

Hollywood

4400 Sheridan Street, Hollywood, Fl 33021
 Tel: (954) 983-1211 * Fax: (954) 983-4190

Plantation

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