



Information Release Form

Minnesota Voice & Speech Clinic
6750 France Ave. S., Suite 210
Edina, MN 55435
Phone (952) 929-1981
Fax (952) 929-1846

I authorize Minnesota Voice & Speech Clinic to consult, exchange diagnostic and therapy information with the following professionals regarding:

Client's Name: _____ DOB: _____

	Name	Initial and date
Orthodontist		
Dentist		
Physician		
Allergist		
ENT		
School SLP		
Insurance(s)		

Signature: _____

Date: _____

Relationship: _____