Georgetown Sleep Center

Patient Name:_____ Date of Birth:_____

Race (Please check one):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Other Race
- ☐ Refuse to Report/Decline to Specify

Ethnicity (Please check one):

- ☐ Hispanic or Latin
- ☐ Not Hispanic or Latin
- ☐ Refuse to Report/Decline to Specify

RELEASE OF INFORMATION

I authorize Georgetown Sleep Center to release information which may include diagnosis, records of any treatment, or any examinations rendered to:

Please print name(s)

☐ Spouse:_____ ☐ Parent: _____

☐ Other: _____

_____ _____

Patient Signature Date