

Pamela Anzelc DDS
380 Auburn Street
Portland, ME 04103
207-878-3540

Permission to Speak to Family Members

____ 1. I, _____, decline having any of my medical/billing information released to anyone.

____ 2. I, _____, give permission for Pamela Anzelc, DDS, doctor and /or staff to release and /or discuss any information including, but not limited to: lab results, dental records, and billing information with the following persons.

_____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Do we have your permission to leave a voicemail message? Y / N

The best number to reach me during business hours is: _____

The release of this information shall be in effect until revoked by me in writing.

Patient's Signature

Date of Birth

Date

Patient's Printed Name

Emergency Contact : _____

Name

Relationship

Phone Number