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

## Permission to Speak to Family Members

1. I,	, decline havi	ng any of my medical/billing	
information released to anyone.			
2. I,	, give permiss	sion for Pamela Anzelc, DDS,	
doctor and /or staff to release and /	or discuss any information including nformation with the following persor	, but not limited to: lab	
<u> </u>	Relationship	Relationship	
	Relationship		
	Relationship		
Do we have your permission to leave	e a voicemail message? Y / N		
The best number to reach me during	g business hours is:		
The release of this information shall	be in effect until revoked by me in w	riting.	
Patient's Signature	Date of Birth	Date	
Patient's Printed Name		·	
Emergency Contact :			
Name	Relationship	Phone Number	