



MAHNAZ MESSKOUB DDS MS PA
PEDRAM BOHLULI DDS MS PHD
KIAN NIKDEL DDS MSD

Authorization for Release of Dental Records

I hereby authorize and permit Endo Group Houston to release the information in the dental record of _____ (Patient's name) with Date of birth of _____

to _____
 (Name of Dentist, Physician, Clinic, or Patient's Representative)

 (Address and phone number)

The matters to be released pursuant to this authorization are the following:

Any and all information may be released including, but not limited to, mental, dental and psychological records. Including any drug and/or alcohol abuse, AIDS, HIV virus, any x-rays, diagnostic studies, laboratory reports, clinical abstracts, histories, chart and other information contained therein, any documents and opinions relevant to past, present or future dental procedures.

Except as specifically provided below:

Any person, firm or entity acting on behalf of Dr. Mahnaz Messkoub and Associates at Endo Group Houston that releases matters pursuant to this authorization is hereby absolved any liability that might otherwise result from the release of those matters.

I understand and agree to pay a reasonable charge to cover the cost of the transfer.

I understand that I may receive a copy of this authorization.

 Patient Signature

 Date

 Employee Signature