

AMIR SALIM, M.D. P.A.
450 N. Texas Avenue Suite C
Webster, TX 77598
(281) 557-0707

Confidential Communication Request

Patient Name: _____

Home Phone Number: (answering machine Y/N) _____

Work Phone Number: (answering machine Y/N) _____

Cell Phone Number: (voice mail Y/N) _____

__ I give permission for AMIR SALIM, M.D. P.A. to release (or leave a message regarding) any of my medical information with the following person(s) at the number(s) indicated.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

__ I do not give my permission for AMIR SALIM, M.D. P.A. to release any Medical information unless it is directly to me.

Patient Name (printed): _____ DOB: _____

Signature: _____ Date: _____

(patient or person authorized to give consent)