

PAIN THERAPEUTICS PROFESSIONAL ASSOCIATION

**Abraham G. Thomas, M.D.
5420 West Loop South, Ste. 4300
Bellaire, Texas 77401
Phone (713) 797-0876 Fax (713) 797-1601**

RELEASE OF PATIENT MEDICAL/BILLING INFORMATION

I, _____, authorize the release of my confidential medical and billing records, which may include information regarding my diagnosis and the treatment of drug, alcohol and/or psychiatric disorders.

I understand that this information is confidential and will not be further disclosed or used for any other purpose. I understand that requested copies of medical and/or billing records for personal use will be subject to a reasonable fee.

Patient Signature

Date

Legal Guardian/Parent

Date