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RELEASE OF INFORMATION

I, _____, give Dr. Edward M. Meshberg, a psychologist, permission to send a copy of his assessment of me to Dr. _____ office with regards to surgery for the treatment of obesity. It will be sent via mail, or if the assessment is needed sooner, it will be e-mailed to the doctor's office. In some instances a verbal assessment will be made to the doctor's staff via telephone, followed by a copy of the written assessment sent by mail. I understand a copy will be sent to me, as well. This permission will terminate thirty days from the date I sign this release.

Print Name

Date

Signature