

RICHARD J. SORBERA, D.D.S.
SHIBLYD. MALOUF, DD.S., INC.
SUITE 100
WINTER HILL PROFESSIONAL BLDG.
366 BROADWAY
SOMERVILLE, MA 0214

*DIPLOMATES AMERICAN BOARD OF
ORAL AND MAXILLOFACIAL SURGERY*

*TEL: 617-628-8000
FAX: 617-628-2370*

CONSENT TO RELEASE AND OBTAIN MEDICAL INFORMATION

I consent to allow Dr's Malouf and Sorbera to acquire from my care givers any medical information that is pertinent, to manage my oral surgical problems within the standard of care.

SIC NATURE _____ **DATE** _____

WITNESS _____ **DATE** _____