8270 Mira Mesa Blvd, Suite D San Diego, CA 92126 (619) 339-1188 MaiDentalAnesthesia@gmail.com

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

| Patient Name | |
|---|--|
| Patient Date of Birth | |
| Parent/Guardian Name | |
| Address | |
| Telephone | |
| I hereby authorize Mai-Phuong Huynh, DDS, FADSA, to obtain my child from his/her physician(s) for the purpose of providing general anesthesia | |
| Signature of Parent/Legal Guardian | |
| Date | |