Oral & Facial Surgery Center
Robin C. Ardoin, D.D.S., Ph.D.
Harold D. Kennedy, D.D.S.
Oral & Maxillofacial Surgery
Facial Cosmetic Surgery

2351 Larkspur Lane
Opelousas, Louisiana 70570
Ph: 337-948-9878
Fax: 337-948-9097
1-800-831-9386

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any physician, surgeon, hospital, ambulance owner, nurse and any other person, organization or insurance company to furnish any and all records, information and evidence in their possession regarding _____injuries, medical history and physical condition.

Upon presentation of this authorization or an exact photo or facsimile thereof, you are directed to permit the personal review, copying or photostatting of such records.

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