

## Consent to Discuss Personal Health Information

I give my permission to Apollonia Dental, P.A. staff to discuss my treatment options or payment options with the following people:

.....  
NAME RELATIONSHIP

.....  
NAME RELATIONSHIP

.....  
NAME RELATIONSHIP

.....  
SIGNATURE (Relationship to patient)

Contact Person: Isabel Vahedi, DDS  
Telephone: (281) 565-4321  
Address: 4427 Hwy 6, Suite A, Sugar Land, TX 77478

Publication Date 11./01/2006 Effective Date 11/01/2006