

**PAIN THERAPEUTICS PROFESSIONAL ASSOCIATION**

**Abraham G. Thomas, M.D.  
5420 West Loop South, Ste. 4300  
Bellaire, Texas 77401  
Phone (713) 797-0876 Fax (713) 797-1601**

**RELEASE OF PATIENT MEDICAL/BILLING INFORMATION**

I, \_\_\_\_\_, authorize the release of my confidential medical and billing records, which may include information regarding my diagnosis and the treatment of drug, alcohol and/or psychiatric disorders.

I understand that this information is confidential and will not be further disclosed or used for any other purpose. I understand that requested copies of medical and/or billing records for personal use will be subject to a reasonable fee.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian/Parent

\_\_\_\_\_  
Date