

**Authorization to release information to:
VALLEY PAIN SPECIALISTS, PC
AND
VALLEY SURGICAL CENTER, INC
4250 Fritch Dr
Bethlehem PA 18020
610-954-9040**

The people listed below have my authorization to speak with the providers or staff of Valley Pain Specialists, PC and Valley Surgical Center, Inc in regard to my treatment or account. They also have my permission to pick up my prescriptions on my behalf.

(1) _____ (2) _____
(3) _____ (4) _____

Below are the phone numbers in which Valley Pain Specialists, PC and Valley Surgical Center, Inc may contact and leave a brief message:

(Home): _____

(Work): _____

(Cell): _____

Patient Name – Print

Date

Signature