



PORTER, MARTIN, SALMAN, PA

I give the office of Porter, Martin, Salman, P.A. permission to discuss any information regarding my treatment with the following individual(s):

I give the office of Porter, Martin, Salman, P.A. permission to discuss any information regarding my account with the following individual(s):

This consent is valid for eight years until _____

Patient or Legal Guardian Signature

Date

Witness' Signature

Date