

Edward M. Meshberg, Ph.D.
Clinical Psychologist
License: PSY 18030

Office: 4713 First Street, Suite 242, Pleasanton, CA 94566; (925) 321-6451

Mailing: 1452 N. Vasco, # 367, Livermore, CA 94551

Email: phd@drmeshberg.com

RELEASE OF INFORMATION

I, _____, give Dr. Edward M. Meshberg, a psychologist, permission to send a copy of his assessment of me to Dr. _____ office with regards to surgery for the treatment of obesity. It will be sent via mail, or if the assessment is needed sooner, it will be e-mailed to the doctor's office. In some instances a verbal assessment will be made to the doctor's staff via telephone, followed by a copy of the written assessment sent by mail. I understand a copy will be sent to me, as well. This permission will terminate thirty days from the date I sign this release.

Print Name

Date

Signature