

FAA AME RELEASE/CONSENT

I, _____, UNDERSTAND AND AGREE THAT I HAVE REQUESTED DR. BERCKES TO BE MY FAA/ AME. I AUTHORIZE HIM TO REVIEW ALL PERTINENT MEDICAL AND LEGAL RECORDS INCLUDING ANY AVAILABLE CONTROL SUBSTANCE DATABASES AND TO COMMUNICATE WITH ALL THOSE INVOLVED IN MY MEDICAL CARE INCLUDING OTHER HEALTH PROFESSIONALS, GROUP SPONSORS AND THE FAA FOR THE SOLE PURPOSE OF FACILITATING MY ELIGIBILITY FOR AN FAA MEDICAL CERTIFICATE. I UNDERSTAND THAT NO DR./PATIENT RELATIONSHIP EXISTS OR IS ESTABLISHED.

Signed _____ Witness _____

Date _____ Date _____