

JONATHAN PENCHAS, D.M.D.
MIDTOWN DENTISTRY
Cosmetic & Prosthetic Dentistry
Implant Rehabilitation
315 Westheimer Rd. Houston TX 77006
(713)-807-9877

Authorization for Background Check

I, _____, authorize Dr. Penchas/or his Practice Administrator to run any necessary background check on me. I understand this is normal practice for anyone seeking employment at this office. I have been informed this will be kept on file as part of my employee file. I have also been informed this is strictly confidential.

Signature

Date

Witness

Date