



7100 Six Forks Road, Ste. 235
Raleigh, NC 27615
Phone (919) 782-3798
Fax (919) 782-4459
Email records to: info@drthurmond.com

I _____ hereby authorize **Beverly Thurmond, D.D.S.,**
7100 Six Forks Rd., Ste. 235, Raleigh, NC 27615 to release any and all dental records to:

Dr. _____

(Street) _____

(City, State, Zip) _____

(Phone) _____

This authority to release includes, but is not limited to: dental reports, clinical notes, doctor's notes, subjective and objective complaints, radiographs, any pertinent medical information, interpretations of a diagnostic test (including a copy of the report), diagnosis and prognosis, progress notes, prescription history, and any other document records or information in your possession relative to my past, present and future dental condition.

_____ I understand there is a \$11.00 fee to cover labor, copying costs, and postage.
Patient/Parent/Guardian Initials

The records to be sent are for the following family members:

Full name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This authorization to release the information on the above named patient(s) is subject to the following statement. State law prohibits you from making further disclosure of such information without specific written consent of the person(s) to whom the information pertains or is otherwise permitted by state law.

Signed _____ Date _____

Street Address _____

City, State, Zip _____

Phone Number _____

In Office Use Only	
Date Copied:	_____
Date Mailed/Hand Delivered/Picked Up:	_____
Date Fee Paid:	_____