



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  
Dr. \_\_\_\_\_  
(Street) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
(Phone) \_\_\_\_\_

to release any and all dental records to:

**Beverly A. Thurmond, D.D.S., PLLC**

**7100 Six Fords Rd., Ste. 235, Raleigh, NC 27615**

**Records email: info@drthurmond.com**

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.

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 \_\_\_\_\_