Beverly Thurmond
D.D.S, PLLC

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

I, _____ hereby authorize

Dr. _____

(Street) _____

(City, State, Zip) _____

(Phone) _____

(Fax/Email) _____

to release any and all dental records to:

Beverly A. Thurmond, DDS, PLLC
7100 Six Fords Road, 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 _____