



PHILLIP L. PARHAM JR., D.M.D., M.S.
DENTAL IMPLANTS AND PERIODONTAL CARE, P.C.

RELEASE OF MEDICAL AND DENTAL RECORDS

I hereby authorize the release of my medical/dental records including the emailing of my x-rays to:

Dental Implants and Periodontal Care, P.C.

Phillip L. Parham, Jr., D.M.D., M.S.

1107 Memorial Dr. Suite G

Dalton, GA 30720

Patient Name: _____

Address: _____

Date of Birth: _____

Signature of Patient: _____

(Or Guardian)

Witness: _____

Date: _____

PHILLIP L. PARHAM, JR., DMD, MS, FICD
Diplomate, American Board of Periodontology