

JULIAN THOMAS DMD, PA

Family and Cosmetic Dentistry

1141 East Butler Road ▪ Greenville, SC 29607

Phone: (864) 676-0046 ▪ Fax: (864) 676-0346

INSTRUCTIONS

1. Complete all the details on the attached page. Check the appropriate boxes of your choice to authorize the transfer.

2. Return that single sheet to us via one of the following methods:
 - a. Scan and email to: office@julianthomasdmd.com
 - b. Fax to: 864-676-0346
 - c. Mail to: 1141 East Butler Road Greenville, SC 29607

* Tip: No scanner? Use your smart phone to
photo and email to us. 😊

JULIAN THOMAS DMD, PA

Family and Cosmetic Dentistry

1141 East Butler Road ▪ Greenville, SC 29607

Phone: (864) 676-0046 ▪ Fax: (864) 676-0346

Authorization Letter

I, _____, (DOB: ___ / ___ / ___)
hereby authorize Dr. _____ to
release the following information from my personal medical/dental
records to Julian J. Thomas, III, DMD, PA.

Previous dentist you are transferring from:

Name: _____

Address, phone, and/or email:

Please also include -

- Include ALL family members
- Panorex or FMX from past 3 years
- Bitewings from past 1 year
- All written documentation from chart

Please email to: office@julianthomasdmd.com

- or -

Mail to: 1141 East Butler Road Greenville, SC 29607

Patient Name

Signature of Patient

Date