LAURIE L SOUTHARD, BS, MS, DDS
Diplomate of the American Board of Endodontics
5010 East 68th Street, Suite 104
Tulsa, Oklahoma 74136
918-493-3880

Patient Name: _____

Date: _____

I request and authorize the office of:

_____

_____

_____

_____

To release my records, x-rays, etc. by mail or electronic transmission to the office of:

LAURIE L SOUTHARD, BS, MS, DDS
Diplomate of the American Board of Endodontics
5010 East 68th Street, Suite 104
Tulsa, Oklahoma 74136
918-493-3880

Patient / Guardian Signature: _____