

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I consent for the office of Dr Laurie Southard to share my personal information with the following: (family, friends, etc.)

Name / Relationship:

1. \_\_\_\_\_ / \_\_\_\_\_
2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_
4. \_\_\_\_\_ / \_\_\_\_\_
5. \_\_\_\_\_ / \_\_\_\_\_
6. \_\_\_\_\_ / \_\_\_\_\_