

Lorence Thomas D.D.S.  
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Authorization to release patient x-rays and records.

I, \_\_\_\_\_, hereby authorize and request  
Dr. \_\_\_\_\_, release to Dr. Lorence Thomas  
all current x-rays and records for \_\_\_\_\_.

Signed: \_\_\_\_\_

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

Email: [lorencethomasdds@att.net](mailto:lorencethomasdds@att.net)