The Center for Aesthetic & Implant Dentistry

Bryan T. Harris, D.M.D. | Taylor Ruby, D.M.D

12010 Shelbyville Road, Ste. 100
Louisville, Kentucky 40243
502-589-4671
Email: info@smilelouisville.com

I, _____authorize the release of information concerning dental care history for the following patient'(s) to the office below.

Patient(s) Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date(s) of Birth: _____

Transfer Records To:

Dr. Bryan T. Harris and Dr. Taylor Ruby
12010 Shelbyville Road, Ste. 100
Louisville, Kentucky 40243
Email: info@smilelouisville.com

_____ _____
Patient or Guardian Authorized Signature Date

_____ _____
Office Signature Date of Transfer