



Hugh Murphy, DDS, MS, FACP 3820 Ed Drive Raleigh, NC 27612 Tel: 919-510-8888 Fax: 919-510-0202

To Whom It May Concern,

Our patient _____ is authorizing and requesting the release of copies of any recent x-rays and/or records to Premier Prosthodontics.

Patient signature _____ DATE _____

Please email them to: info@premierprosthodontics.com . If they need to be mailed, they can be mailed to:

Premier Prosthodontics

3820 Ed Drive

Raleigh, NC 27612

Thank you,

Hugh Murphy, DDS, MS, FACP and Team

(919) 510-8886