Phillip S. Tully III, DMD, PC
Dr. Phillip Tully III and Dr. W. Newton Sharp
7270 North Lake Drive, Suite 100
Columbus, GA 31909

Due to the privacy laws, we need your permission to discuss patient's personal information with anyone, including family members. In order to protect our patient's rights, we ask that you complete the following authorization.

I, _____, (self or guardian name) authorize the office of Phillip S. Tully III, DMD, PC, to discuss _____(self or dependent's name) information with the following people. Please indicate if no one is authorized.

1. _____
2. _____
3. _____

Please **circle** any/all of the information that you are authorizing us to discuss:

- Appointments
- Treatment
- Billing and/or insurance

_____ _____

Patient's Signature Date