



*The Center for  
Aesthetic & Implant  
Dentistry*

David C. Jones, D.M.D. | Bryan T. Harris, D.M.D.  
12010 Shelbyville Road, Ste. 100  
Louisville, Kentucky 40243  
502-589-4671  
Fax: 502-589-6584 | Email: info-caid@sbsafemail.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. David C. Jones and Dr. Bryan T. Harris  
12010 Shelbyville Road, Ste. 100  
Louisville, Kentucky 40243  
Fax: 502-589-6584 | Email: info-caid@sbsafemail.com

\_\_\_\_\_  
Patient or Guardian Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Signature

\_\_\_\_\_  
Date of Transfer