



## Southern Pines Family Dental

sopinesdental@gmail.com

(910) 692-6500

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

I, \_\_\_\_\_, DOB \_\_\_\_\_ request that

\_\_\_\_\_ release dental x-rays and records on myself and any family

members to the office of Dr. Paul Gauthier, Southern Pines Family Dental.

\_\_\_\_\_  
Patient / Parent Signature

\_\_\_\_\_  
Patient Phone #

**Paul E. Gauthier, DDS**

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