

**Dr. Philip C. Wilkins, DMD, PC**

**Dr. Reid P. Warren, DMD**

124 North Congress Street, Winnsboro, SC 29180

Phone: 803-635-6162 Fax: 803-635-1780

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**AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I request and authorize my healthcare information to be released to:

Dr. Philip C. Wilkins, DMD, PC  
Dr. Reid P. Warren, DMD  
124 North Congress Street  
Winnsboro, SC 29180  
803-635-6162 (p)  
803-635-1780 (f)

This request and authorization applies to:

- All healthcare information
- Other: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_