WINDSOR DENTISTS
222 Lutwyche Road
Windsor, QLD 4030

P: 07 3357 4177
E: admin@windsordentists.com.au

windsordentists.com.au

Patient Authority to Release Records Form

Please fill in the following if you wish to request dental records from your previous dentist to be supplied to Windsor Dentists.

I……hereby authorize Dr ……

(Your name) (Previous Dentist)

of……to release my dental

(Previous Dental Practice)

records or copies thereof (including radiographs and photographs where applicable). If applicable, and those of my following dependants:

Family Member's Names:

1….. 2……

3….. 4……

5….. 6……

And to provide such records to:

Dr Albert Tran BDSc FRACDS GDP of Windsor Dentists, 222 Lutwyche Road, Windsor, QLD 4030

Email: management@windsordentists.com.au

Phone: 07 3357 4177

I understand that the release of these confidential records is at the discretion of the treating Dentist

Dr……and that the original records remain the

(Previous Dentist)

the property of the dentist who created them.

Signature: ……

Full Name: …… Date:……

Address: ……

……

Telephone: ……

Print Email