Taringa Family Dental

Patient Authority to Release Dental Records

I, ...(patient), hereby authorise my previous treating dentist Dr .....,

of (practice name)..... to release my dental records or copies thereof (including radiographs and photographs where applicable)

(if applicable) and those of my following dependants

.....

.....

.....

And to provide such records by email, registered mail, courier or personal delivery to

Dr **Benjamin Greenlees**

BSc(QLD), BOH(DSc), Grad Dip(Dent)(Griffith)

of **Taringa Family Dental**

11/12 Moggill Rd

Taringa, 4068 QLD

taringafamilydental@gmail.com.au

Signed

.....

Name: (in full) .....

Address: .....

.....

.....

Telephone: .....

Dated: .....