AUTHORITY TO RELEASE DENTAL RECORDS TO CAMP HILL DENTAL

Camp Hill Dental
SMILES FOR LIFE

I (name) _____

__

Date of Birth: _____

Address:

_____

Authorise (previous dentist's name):_____

Of (previous practice name):_____

At (previous practice's address):

_____

_____

To release my records and radiographs to (please circle) :

Dr Kathryn Perry Dr Jennifer Perry Dr Zin-Mya Lwin Dr Rhiannon MacKenzie
Dr Kyu Yang

of CAMP HILL DENTAL

5 Stanley Rd,

CAMP HILL QLD 4152

Phone number: (07) 3843 1894

Email: info@camphilldental.com.au

Please also include the records and radiographs of my following dependants:

_____

_____

_____
_____

I understand that the release of my dental records is at the discretion of the treating dentist and I acknowledge that the original records remain the property of the dentist who created them.

Signature: _____Date:
_____