



REQUEST FOR DENTAL RECORDS

DEAR:

Name: _____ has consulted this practice for on-going dental treatment. We understand that you hold records pertaining to his/her previous treatment.

To assist us in providing the most appropriate treatment, we ask for your help in supplying a copy of relevant records and radiographs. To ensure compliance with State and Federal Privacy legislations, the patient's signed consent to this request is supplied below.

I request a copy of all my dental records and radiographs to be forwarded to Ashburton Family Dental, 301 High St, Ashburton VIC 3147.

Names:

Address:

Signature:

Thank you for your assistance.

Dr Robert Ong
Dr Sheena Hall
Dr Charlotte Marriot-Smith