



**DEVONPORT
DENTAL CARE**

RECORDS REQUEST FORM

Patient Authority for release of Dental Records

Dear:.....

.....has consulted this practice for on-going dental treatment. We understand that you hold records regarding his/her previous treatment.

To assist us in providing the most appropriate treatment, we kindly ask for you to provide us with a copy of all relevant patient records, including clinical notes, charting, radio-graphs and Photographs that you have on file.

To ensure compliance with state and federal privacy legislation that patients signed authorisation to this request is supplied below.

Thank you for your assistance,

Yours sincerely

Dr. Sundaram Manickam & Dr. Jessica Johnstone

Devonport Dental Care

I, _____, authorise Devonport Dental Care Pty Ltd to request a copy of all records & Radio-graphs previously held at your surgery.

I Hereby consent and authorise _____

to disclose to Dr. S. Manickam/Dr. J. Johnstone, information in my record, including current and previous dental records from other practitioners which are part of my record.

Print Name:

Date of Birth:

Address:

Patient or guardian signature: _____

Date signed:

Devonport Dental Care: 3 Barker st, Devonport, Tas 7310
(03) 6424 5486, reception@devonportdental.com.au