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Patient Authority to Release Dental Records

Date: ____/____/____

To: (previous dentist) _____
(address) _____

Dear Doctor

We have recently seen: (patient) _____

Whose date of birth is ____/____/____ and they have advised us that you provided their dental care in the past.

Would you please forward records and any x-rays in relation to this patient and those of their dependants (if applicable) _____

as they will be continuing their dental care with us.

The records will be treated with the utmost confidentiality and we thank you for your assistance with this.

I, _____
hereby authorise (dentist who created the records) _____
to forward my records and x-rays onto fabdental.

Patient's signature: _____

Date: _____

Please note that costs may be involved to cover copying and administration.