



DR JULIA BORSOS  
COLAC DENTIST

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**Release of Records**  
**(Request records from previous dentist form)**

Dear Dr \_\_\_\_\_,

I have recently made an appointment with Dr Julia Borsos Colac Dentist. I was previously a patient at your practice. As you are aware, current Legislation requires written authority from patients for the release of copies of dental records.

I would appreciate if you could forward a copy of my dental records, including a digital copy of xrays (where possible), to Dr Julia Borsos Colac Dentist (Email [colacdentist@gmail.com](mailto:colacdentist@gmail.com))

I (or my guardian if I am a minor) have signed the authority listed below to authorise the release of the records. Could you please forward to records to Dr Julia Borsos Colac Dentist as soon as possible.

I, \_\_\_\_\_ of

\_\_\_\_\_ (address),

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

hereby authorise the immediate release to Dr Julia Borsos Colac Dentist, of copies of dental records relating to me.

\_\_\_\_\_ (signature)

Date \_\_\_\_\_