



BORSOS
DENTAL
GENTLE DENTAL CARE IN COLAC

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Release of records

(Request records from previous dentist form)

Dear _____,

I have recently made an appointment at Borsos Dental. 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 x-rays (where possible), to Borsos Dental (Email borsosdental@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 Borsos Dental as soon as possible.

I, _____ of _____
(address),

Date of Birth: ___/___/_____ hereby authorise the immediate release to Borsos Dental, of copies of dental records relating to me.

Signature: _____

Date ___/___/_____

Guardians Signature (if under 16 years of age): _____

Date ___/___/_____