Borsos Dental
105 Woodrowvale Rd, Elliminyt VIC 3250
Ph 03 5231 6079 · borsosdental@gmail.com
borsosdental.com
Dr Julia Borsos, Dentist · Krystal Haggerty, Oral Health Therapist

Release of Dental Records

Request to transfer records from your previous dentist to Borsos Dental

For patients: fill in sections 1–4, sign and date, then send or hand this form to your previous dentist. They'll release your records directly to us.

1 PATIENT DETAILS

FULL NAME

DATE OF BIRTH (DD/MM/YYYY)

PREVIOUS / OTHER SURNAME (IF ANY)

PHONE

ADDRESS

EMAIL

2 PREVIOUS DENTIST

PRACTICE NAME

DENTIST'S NAME

PRACTICE ADDRESS

PHONE

PRACTICE EMAIL

APPROX. DATE OF LAST VISIT

3 RECORDS REQUESTED

- ☐ X-rays (digital where possible)
- ☐ Treatment notes
- ☐ Dental charts
- ☐ Gum (periodontal) charts
- ☐ Medical history
- ☐ Clinical photos
- ☐ All records held
- ☐ Other:

4 AUTHORITY TO RELEASE RECORDS

Dear Doctor,

I have recently made an appointment with Dr Julia Borsos at Borsos Dental, and 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 (or my parent/guardian if I am under 18) have signed the authority below. I would appreciate it if you could forward a copy of my dental records, including a digital copy of X-rays where possible, to Borsos Dental as soon as possible.

I, the patient named above, hereby authorise the immediate release to Borsos Dental (Dr Julia Borsos) of copies of dental records relating to me.

SIGNATURE OF PATIENT (OR PARENT/GUARDIAN)

DATE

IF SIGNING AS PARENT/GUARDIAN: YOUR NAME

RELATIONSHIP TO PATIENT

Please send records to:

Borsos Dental, 105 Woodrowvale Rd, Elliminyt VIC 3250
Email: **borsosdental@gmail.com** · Phone: 03 5231 6079
Thank you for your help in continuing this patient's care.