



11 PENQUITE ROAD
NEWSTEAD, TAS, 7250
PHONE: (03) 6331 1473
FAX: (03) 6331 4677

REQUEST FOR TRANSFER OF DENTAL RECORDS

Date:.....

Dear Dr.....

Due to a change in circumstances, I am requesting that you please provide a copy of all my past dental records (including any x-rays and referral letters) to Dr.....

Sincerely,

(Name).....(D.O.B)

(Address).....

.....

.....

Signature.....

In order to comply with the *Privacy Act 1988*, we suggest the use of email encryption software *Sendinc* (www.sendinc.com). *Sendinc* is a free service for basic use. Digital records and / or x-rays can be provided by using *Sendinc* to newstead@thedentalsurgery.com.au.