



REQUEST FOR TRANSFER OF DENTAL RECORDS

Date:.....

Dear, of
Dentist / Practice Name Practice Address

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, photographs and referral letters) to Dr.....

I **agree / do not agree** (please circle) for these records to be transferred via email, understanding that emailing dental records is not a 100% secure way of transporting my personal information.

Sincerely,

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

(Address).....

.....

Signature.....

The Dental Surgery, Newstead
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newstead@thedentalsurgery.com.au