



Balgownie Dental Surgery

Authorisation for Release of Patient Records

Dear Dr: _____

Practice name: _____

Practice address: _____

Recently (*PATIENT'S NAME AND DOB*) _____
has become a patient at our practice.

Would you please kindly forward the following records at your earliest convenience:

- ❖ Radiographs (X-rays, OPG, Intra-oral etc.)
- ❖ Clinical Notes
- ❖ Any notes from referring specialists

With many thanks and kind regards.

I, (*PATIENT'S NAME*) _____ authorise the release, and request the transfer of the records indicated to Balgownie Dental Surgery.

Please forward to:
Balgownie Dental Surgery
120 Balgownie Rd,
Balgownie NSW 2519
T: (02) 4285 3855
F: (02) 4285 3423

E: reception@balgownedental.com

Signed: _____

Date: _____