Gunnedah Dental Centre

Phone: 02 6742 0369
02 6742 2272

info@gunnedahdental.com.au

Request for Dental Records

Date

Name:

Address

Phone Numbers:

Email Address

I request access to and give consent to:

Details of dentist/specialist requesting records

Name:

Address

Phone Numbers:

Email Address:

to access the entire contents of my dental record or the following documents (Print on reverse side of this page).

I understand that I will not be permitted to remove the contents of my dental record from the premises of the dental practice, nor will I be permitted to alter or erase information contained in the dental record.

I understand that I will be permitted to obtain copies of some or all of the contents of my dental record. Where copies are requested, a fee may be applicable. Further, I understand that copies of my dental records may not be available to me at the time of inspection and will be made available to me as soon as practicable following the inspection.

Signature of Patient:

_____

Date of Birth: _____Date: _____

Signature of Dentist/Specialist requesting records given consent by Patient:

_____

Date: _____