



All your smile needs!

622 Marion Road
Park Holme SA 5043
Phone: 08 8277 9747
Email: info@smilesareus.com.au
Website: www.smilesareus.com.au

PATIENT AUTHORITY TO RELEASE DENTAL RECORDS

I, of
Address
.....Postcode.....
DOB.....Contact telephone.....

Hereby authorise (details of previous practice):

Dr, of
Practice name
Address.....
.....Postcode.....
Telephone.....Email.....

To release **MY** dental records or copies thereof (including relevant radiographs, photographs, letters/reports) **AND** (if applicable) those of my dependants:

- 1).....
- 2).....
- 3).....
- 4).....
- 5).....

And to provide such records to **Smiles Are Us – Park Holme:**

**622 Marion Road
Park Holme SA 5043
Ph : (08) 8277 9747
Email: info@smilesareus.com.au**

Patient Signature..... Date...../...../.....