



622 Marion Road  
Park Holme SA 5043  
Phone/Fax: 08 8277 9747  
Email: smilesareus2@internode.on.net  
Website: www.smilesareus.com.au

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**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.....Fax.....

To release my dental records or copies thereof (including radiographs and photographs) and  
(if applicable) those of my dependants:

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

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

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Park Holme SA 5043  
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Email: smilesareus2@internode.on.net**

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

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