Gladstone Park Dental
"we take the time to care"

Ph 03 9338-2126, 03 9338-7218
Fax 03 9310-3331
info@gladstoneparkdental.com.au
www.gladstoneparkdental.com.au
29 Rylandes Drive, Gladstone Park, VIC 3043

Patient Authority to Release Dental Records

Date: ..... /..... /……

To Dr _____ Of

(Practice) _____

I, _____ of (Date of Birth) …… /..... /…….
am now attending Gladstone Park Dental and hereby authorise you to release my dental records, including radiographs and photographs where applicable.
Also those of my other family members (if applicable).

_____ _____

_____ _____

Please provide records by mail or email:

Mail to: Gladstone Park Dental, 29 Rylandes Drive, Gladstone Park, VIC 3043
Email: info@gladstoneparkdental.com.au

I have an appointment at Gladstone Park Dental on …… /…….. /……

I understand that the release of these confidential records is at the discretion of the treating dentist and the original records remaining the property of the dentist who created them.

Signature _____

Date: ……. /……. /…….