



# Kawana Dental

*Dr Mark Maltby*      *Dr Leanne Paterson*  
*Dr Tamara Warren*      *Dr Tim Chin*  
*Dr Dan Eastcott*      *Dr Martha Ponce*  
*Dr Murray Hayes*      *Dr Aninda Dey*  
*Dr Patricia Morrison*

## PATIENT AUTHORITY TO RELEASE DENTAL RECORDS

I, \_\_\_\_\_ D.O.B \_\_\_\_\_ of (address) \_\_\_\_\_

hereby request my previous treating dentist, Dr \_\_\_\_\_  
of (practice name) \_\_\_\_\_  
(practice phone number) \_\_\_\_\_

to forward my dental records or copies thereof, (including radiographs where applicable)  
and those of my following dependents:

\_\_\_\_\_  
\_\_\_\_\_

I wish a copy of the records to be emailed to my treating dentist

To ensure our patients' data security, please supply clinical records and radiographs by  
registered mail or secure email to:

Email: [info@kawanadental.com](mailto:info@kawanadental.com)  
Address: Kawana Professional Centre  
134a Pt Cartwright Drive  
Buddina Qld 4575  
Ph: **07 5444 7111**

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE