Kawana Dental
134a Point Cartwright Drive,
Buddina QLD 4575
info@kawanadental.com

Dr Mark Maltby
Dr Tim Chin
Dr Martha Ponce
Dr Dan Eastcott
Dr Leanne Paterson
Dr Tamara Warren
Dr Aninda Dey
Dr Trish Morrison
Dr Murray Hayes
Dr Nancy Henein

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
Address: Kawana Professional Centre
134a Pt Cartwright Drive
Buddina Qld 4575
Ph: **07 5444 7111**

SIGNED: _____

DATED: _____

THANK YOU FOR YOUR ASSISTANCE