TLC dentistry
always caring. always here.

Address: 2/160 Mudjimba Beach Road
Mudjimba, QLD, 4564
Phone: **(07) 5448 8628**
Fax: (07) 5448 7034

Patient Authority to Release Dental Records

I _____

hereby authorize

Dr _____of (Practice Name) _____

to release my dental records or copies thereof (**including radiographs and photographs where applicable**)
(*if applicable*) and those of my following dependents

.....

.....

.....

And to provide such records to

TLC Dentistry, 2/160 Mudjimba Beach Road, Mudjimba, Qld, 4564.

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

Signed:.....

Name:(in full).....

Phone:.....

Dated:.....

Copy for Treating Dentist
Copy for Dentist Requesting Records
Copy for Patient