



Suite 3, 49 Palmerston Road
HORNSBY 2077
(02) 8411 2674
info@gentlecaresdentistry.com.au

Authorisation for Release of Patient Records

To: _____
(Dentist's Name)

(Dentist's address)

(Phone Number)

I, _____ D.O.B _____
(Patient's Name)

Of, _____
(Patient's address)

Request that my dental records and x-rays be forwarded at your earliest convenience to:

Gentle Care Dentistry
Suite 3, 49 Palmerston Road
HORNSBY NSW 2077
Ph: (02) 8411 2674
Fax: (02)8411 2674
Email: info@gentlecaresdentistry.com.au

Signed: _____

Date: _____