

Dr Tim Proposch and Dr Rachael McDonald  
B.D. Sc Dental Surgeon  
2A High Street South  
Kew, Vic, 3101  
Phone: (03) 9853 6028  
Email: [reception@kewdental.com](mailto:reception@kewdental.com)

## PATIENT AUTHORITY TO TRANSFER RECORDS FROM ANOTHER PRACTICE

Dear Patient,

In providing the most appropriate treatment for you in our practice, we believe it would be of great assistance to access information about your previous treatment.

To ensure compliance with Federal and State Privacy Legislation, we require your signed consent to authorise access to those records.

Please be aware that it is lawful for a practitioner to charge fees to a patient requesting access to, and copies of written records and other forms of diagnostic records, such as radiographs etc. Any account which may be issued for these purposes will require your payment.

### I. PATIENT CONSENT

I hereby give permission for Dr Tim Proposch and Dr Rachael McDonald to seek copies of my dental records, X-rays and photographs from

### II. Records to Be Released From (please tick):

Blackburn Clinic Dental Centre  
7/195 Whitehorse Rd Blackburn, Vic, 3130  
(03) 9878 1597  
[bcdc@bigpond.net.au](mailto:bcdc@bigpond.net.au)

The Pines Dental Centre  
42 Beverly Hills Drive, Templestowe Vic, 3106  
(03) 9846 2633  
[reception@thepinesdentalcentre.com.au](mailto:reception@thepinesdentalcentre.com.au)

Lalor Plaza Dental Clinic/Molar Mechanics Dental. Dr Richard Didelis  
20 McKimmies Rd, Lalor, Vic 3075  
(03) 9465 8222  
[plazaclinicdental@people.net.au](mailto:plazaclinicdental@people.net.au)

Hurstbridge and Districts Dental Group  
1022 Heidelberg-Kinglake Rd, Hurstbridge Vic 3099  
(03) 9718 2422  
[hurstbridgedental@people.net.au](mailto:hurstbridgedental@people.net.au)

Other Dental Provider (if applicable):

Name:

Address:

Phone:

Email:

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### III. Records to Be Released To:

Name: Dr Tim Proposch and Dr Rachael McDonald  
Address: 2A High Street South  
Kew, Vic, 3101  
Phone: (03) 9853 6028  
Email: [reception@kewdental.com](mailto:reception@kewdental.com)

### IV. Type of Records to Be Released:

Please check all that apply:

Complete Dental Chart (including all X-rays, progress notes, treatment plans, and clinical photos)

Radiographs/X-rays only (digital and/or printed)

Treatment history

Specific documents:

Other:

I agree to pay any fees incurred in the copying process, as defined in the Privacy Regulations.

Name:

Address:

DOB:

Signature:

Date: