



# Bli Bli Dental

## Patient Records Release Form

### SECTION A

I, .....(patient), hereby authorise my previous treating dentist

Dr ....., of (address)..... to release

my dental records or copies thereof (including radiographs and photographs where applicable)

(if applicable) and those of my following dependants:

.....  
.....  
.....

And to provide such records by mediref, registered mail, courier or personal delivery to:

**Dr David Baker** (requesting dentist)

of (address) 3/310 David Low Way, QLD 4558

Signed

.....

Name: (in full) .....

Address: .....

.....

.....

Telephone: .....

Dated: .....

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### OFFICE USE ONLY

### SECTION B

Records were (registered) mailed/ couriered on ..... (Date)

Consignment Number or Registered Mail Reference Number.....

OR

Hand Delivered by.....(name) on date

.....

Signed Name

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### OFFICE USE ONLY

### SECTION C

Records Received : ..... (Name and Signature of requesting dentist or agent)