Dr Nicholas Jowitt
Dr Zoe Muir
Dr Tristan Ollis

CANBERRA dental care

3/33 Allara St
Canberra
2601
(02) 6248 0161

Authorisation for release of dental records and x-rays

To: .....

.....(Dental Practice/Surgeon)

I .....(patient or guardian name) DOB: .....

of .....

.....(address)

Hereby authorize any dentist, medical practitioner or hospital that has records or knowledge concerning my dental health release all such records to:

Canberra Dental Care

3/33 Allara St Canberra ACT 2601

Email: contact@canberradental.com.au

I specifically request that you release copies of:

- All treatment notes
- All x-rays including panoramic

Signed (patient or guardian name): .....

Printed name: .....

Date: .....