



Integrated Dental Canberra

Suite 5/16 Moore Street,

Canberra ACT 2601

Phone: (02) 6249 8551

Email: info@integrateddentalcanberra.au

REQUEST TO ACCESS DENTAL RECORDS

Former Dental Practice Details:

To: _____

Of: _____

Phone: _____

Email: _____

Patient Details:

I: _____

D.O.B: _____

Of: _____

give consent to:

Integrated Dental Health Canberra

Shop 5, 16 Moore St, Canberra ACT 2601

to obtain copies of all contents of my dental records and to obtain any x-rays you may have.
Please forward the dental records on my behalf.

Signed: _____

Date: _____