



Dr. David Rivadillo
BDSc Hons (Melb) Provider 4345724B
Dr. Amanda Ho
BDSc (Melb) Provider 4226999Y
& Associates

REQUEST FOR COPY OF RECORDS FROM ANOTHER PRACTICE

Dear Dr. of
Name & address of previous practice

Please arrange for a copy of the dental records including radiographs of:

Patient name:

Patient address:

to be transferred to our clinic at your earliest convenience as this patient is now attending this practice. We have attached the patient's consent to seek and release these medical records.

Thank you

Patient's Authorisation

I understand that in providing the most appropriate dental treatment for me, it would be of great assistance to access information about my previous treatment. I am aware that practitioners are entitled to charge fees to a patient requesting access to, and copies of, written records and other forms of diagnostic records, such and x-rays.

I hereby authorise Dr. to seek copies of my dental records from the dental practice mentioned above.

I also give permission for my previous dental provider as noted above, to release my dental records to Manchester Rd Dental Surgery

Signature of patient

Date