

Record Request Form

_____.

DOB: ____/____/____

Address: _____

Have previously attended: _____

However, I am now attending Gawler Place Dental.

I would like you to please send my recent radiographs (**digital copy if possible**) and a copy or extract of any relevant dental records to:

Gawler Place Dental
Level 6/55 Gawler Place
ADELAIDE SA 5000
gpd.adelaide@outlook.com

I hereby authorise and request this to be done.

A prompt response will ensure that I am not disadvantaged in my dental health care.

Kind Regards,

Patients signature: _____

Date: ____/____/____