

patient authority to release dental records



instructions for completing this form

Please read these instructions thoroughly to comply with the Privacy Legislation before using this form.

1. The **patient** completes **Section A** and sends all three copies to the **releasing dentist**.
2. The **releasing dentist** completes **Section B** and sends all three copies to the **requesting dentist**.
3. On receipt of the patient's dental records, the **requesting dentist** completes **Section C**.
4. The **requesting dentist** sends the Patient Copy to the **patient** and sends the Releasing Dentist Copy back to the **releasing dentist** by regular post.

ADAQ, DECEMBER 2008

section A — patient

I, _____ (patient),
hereby authorise my previous treating dentist:

Dr _____ (releasing dentist)
of _____

_____ (address)

to release my dental records or copies thereof (including radiographs and photographs where applicable), and those of my following dependants (if applicable):

_____ (dependants),

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

Dr _____ (requesting dentist)
of _____

_____ (address).

Signed: _____

Print name: _____

Address: _____

Telephone: _____

Date: ____ / ____ / ____

section B — releasing dentist

Records were posted/couriered on: ____ / ____ / ____

Registered mail reference number or
consignment number:

OR

Hand delivered by:

_____ (name)

on date: ____ / ____ / ____

Signed: _____ (releasing dentist)

Print name: _____

section C — requesting dentist

Records received on date: ____ / ____ / ____

Signed: _____ (requesting dentist)

Print name: _____

Aqua Dental Australia
abn 43 129 861 669

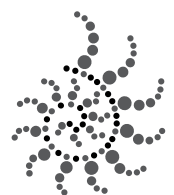
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Signed: _____

Print name: _____

Address: _____

Telephone: _____

Date: ____ / ____ / ____

section B — releasing dentist

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Registered mail reference number or
consignment number:

OR

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_____ (name)

on date: ____ / ____ / ____

Signed: _____ (releasing dentist)

Print name: _____

section C — requesting dentist

Records received on date: ____ / ____ / ____

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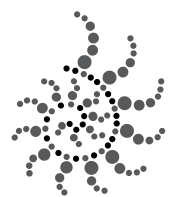
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section B — releasing dentist

Records were posted/couriered on: ____ / ____ / ____

Registered mail reference number or
consignment number:

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Signed: _____ (releasing dentist)

Print name: _____

section C — requesting dentist

Records received on date: ____ / ____ / ____

Signed: _____ (requesting dentist)

Print name: _____

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REQUESTING DENTIST COPY