



Records release form

Request for release of dental records

I..... of
(insert patient name) (insert address)

Request a copy of:

- My dental records / a summary of my dental records
My child's /children'sdental
(insert children's name/s)
records/ a summary of my child's/ children's dental records.

Be released by to
(previous practice name)

- Me
My treating dental practitioner: Dr Judy Yu / Dr Long Ho

I wish a copy of the records to be

- Given to me personally
Emailed to me at
(insert email address)
Emailed to my treating dental practitioner Dr Judy Yu / Dr Long Ho at
reception@dentistryforyou.com.au (circle dentist name)

In requesting a copy of the records, I understand that;

- The records will be emailed to my nominated address
Receiving by email may not be as secure as receiving the records personally
The practice accepts no liability for the records once they leave the practice,
The practice accepts no liability for the records if they are accessed by unauthorised persons during transit or in any manner whatsoever without limitation,
I can ask for the copy of the records to be provided to me personally if I am sufficiently concerned about email security,
I will acknowledge receipt of the records once received.

Signed..... Date.....

Previous Practice - Office use only

Records were:

- Emailed
Hand delivered by:
(insert name)

Signed..... on
(signature of previous dentist or support staff) (insert date)

Requesting Practice - Office Use only

Records Received:on
(signature of previous dentist or support staff) (insert date)