

Permission for Release of Dental Records

Patient Details:

Name.....

Address.....

D.O.B.....

**I.....hereby give permission for the release
of my dental records and any radiographs
from.....**

**to be forwarded to Glen Forrest Dental, 4 Hardey Rd, Glen Forrest.
6071**

Signed.....

Date.....

Confidentiality

**This facsimile is intended to be transmitted to the recipient named. If you are not the
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