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**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**

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