

Date:

Request for Copy of Records

Previous Dentist Details

Dentist or Practice Name:.....

Address or Location:.....

Phone or email:.....

..... has consulted our practice for dental treatment.

We understand that your practice holds records pertaining to their previous treatment. To assist us in providing appropriate treatment, we ask on behalf of the client, that you supply us with a copy of records and **all radiographic films or digital files**. We would also appreciate to see older radiographs for comparative purposes. We are happy to receive the records and xrays via email.

To ensure compliance with the Victorian Health records Act 2001 and the Privacy Act, the client has signed consent to this request below.

Thank you for your assistance,

On behalf of Dr Nhon D. Thai

Patient Consent

I give permission for the practice of Dr Nhon D. Thai to seek copies of my dental records and radiographs. I understand that in accordance with the Victorian Health Records Act 2001 and Privacy Act, it is lawful for the Practice that I request my records from to charge me a fee and I agree to pay this fee if requested.

Signature:.....

Date:

Name:.....

D/O/B:.....

Signature:.....

Date:

Name:.....

D/O/B:.....

Children:.....

Please forward this request to your previous dentist as soon as possible so that we may have these records at your initial appointment