

**Parkridge dental  
189 Dandelion Dr  
Rowville, VIC, 3178  
Tel: (03) 97528800**

Date \_\_\_\_\_

**CONSENT FOR RECORDS TRANSFER**

Dear Dr \_\_\_\_\_,

\_\_\_\_\_ is a patient/patients in my practice.

We understand that you hold records in regards to her previous dental treatment.

We request you to kindly forward all relevant documents including charting of existing oral/dental conditions, clinical notes, any notes from referring specialists, treatments plans and radiographs.

To ensure compliance with State and Federal Privacy Legislation kindly find the patient's signed authorization below.

Thank you

Kind regards  
ParkridgeDental Staff  
parkridge@rowvilledentists.com.au

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**Patient Consent**

**I authorize for the Parkridge Dental to request the transfer of all the records indicated above from**

**Dr** \_\_\_\_\_

**Address** \_\_\_\_\_

I also agree to pay any fees incurred in the process as set out in the Health Records Regulations 2002, (Vic).

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_