



REQUEST TO TRANSFER RECORDS FROM ANOTHER PRACTICE

At Hobsons Bay Dental we sometimes will consult with patients who have previously been treated at other clinics. In order to provide the best service and care for our patients, we would like to be able to access the dental records from other practitioners. To ensure compliance with the Federal and State Privacy Legislation, we require your signed consent to authorise the release and transfer of your dental records and diagnostic records such as x-rays etc..

I hereby give my consent for this information to be released from :

Name :

Signature of patient/guardian :

Date :

Signature of dental practitioner :
