

RECORDS REQUEST FORM

To Whom It May Concern,

I, DOB:, Under Privacy Legislation 2001, request the release of my dental records including all x-rays to please be sent to Mosman Fine Dental.

Please email through to **admin@mosmanfinedental.com.au** or send records direct to:

Mosman Fine Dental
Suite 3, 357 Military Rd
Mosman NSW 2088.

Signed _____ / /

(.....)

Mosman Fine Dental

Suite 3, 357 Military Road

MOSMAN, NSW 2088

T: (02) 9908 2098

E: admin@mosmanfinedental.com.au

W: www.mosmanfinedental.com.au