Request for Records:

Patient Details:

Name: .....

Address: .....

.....

D.O.B.: ..... Phone: .....

I, ...

hereby authorise to release any records and x-rays relating to my dental treatment from

.....

.....

.....

To:

Dental Implant Registry
Level 6, 211 Victoria Square
Adelaide, SA 5000
Email: admin@dentalimplantregistry.org.au

.....

(pt signature)

DENTAL IMPLANT REGISTRY