



51 Playford Avenue
Whyalla, SA 5600.
8645 7944

Patient Authority to Release Dental Records

Date: _____

To: Dr _____ of

I _____

Of _____

_____ DOB: _____

herby authorize and direct release of my dental records (including radiographs) to

Dr. _____ of Encounter Bay Dental.

Signature: _____

Date: _____

I have an appointment at Encounter Bay Dental on _____

Please provide records via:

Email: encounterbaydental@outlook.com

Registered Mail: Shop 5/66 Victoria Street, Victor Harbor, SA 5211