



CLARITY DENTAL CARE

Dr Dilshan Abdeen BDS
209 Dunns Road
Mornington, VIC 3931
Ph (03) 5973 5060
Fax (03) 5973 5149
E:info@claritydentalcare.com.au

Date:

Dear:.....

Patient Name: D.O.B:

The above patient consulted this practice for ongoing dental treatment. We understand that you hold records pertaining to their patients previous treatment
To assist us in providing the most appropriate treatment, we ask for your help in supplying a copy of relevant records and radiographs as soon as possible.

To ensure compliance with State and Federal Privacy Legislation, the patient's signed consent to this request is supplied below.

Please advise of any fees which may be incurred under the Privacy Regulations and make this account out in the name of the patient.

Thank you for your assistance

Clarity Dental Care
.....

PATIENT CONSENT

I give permission for Clarity Dental Care to seek copies of my dental records in electronic or hard copy. I agree to pay any fees incurred in the copying/posting process as defined in the Privacy Regulations

Patient/Guardian Signature:

Patient Name:

Date: