



riverside  
DENTAL

Call us to make an appointment on 07 **5455 5066**  
17 Thomas Street, Noosaville, QLD 4573.

# Patient Authority to Release Dental Records

Suite 2, 17 Thomas St,  
Noosaville, QLD, 4566

Ph: (07) 5455 5066  
Fax: (07) 5449 7711

email: [info@riversidedental.com.au](mailto:info@riversidedental.com.au)

I, ....., hereby authorize my  
previous treating dentist: Dr..... of  
(address).....

To release my dental records or copies there of (including radiographs and photographs where applicable)  
And those of my following dependants (if applicable)

And to provide such records to

Dr.....

**Riverside Dental**

By email: [info@riversidedental.com.au](mailto:info@riversidedental.com.au)

fax: (07) 54497711

Name (in full).....

Address .....

Phone: .....

Signed .....

Date .....