



DENTAL RECORDS RELEASE FORM

Facsimile to:

Fax no:

Date:

I.....of.....

Hereby request and authorise,.....Dental Surgeon
of

to provide copies of my dental records, radiographs and OPG to Dr Alexander Goichman and Dr Samantha Lau at the address below or email them to: info@balaclavadentalcare.com.au

If the original radiographs are received, I undertake to return them when required. I request that the radiographs be sent by certified mail and undertake to pay for the cost of same.

Yours sincerely,

Signed

Balaclava Dental Care

- Comprehensive family dental care
- Implantology and advanced dental treatment
- Esthetic and cosmetic dentistry

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