



FAMILY DENTAL CARE

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REQUEST TO ACCESS DENTAL RECORDS

Date: .....

I, (name) \_\_\_\_\_ of

(address) \_\_\_\_\_

\_\_\_\_\_ ,

request access to the entire contents of my dental records or give consent to (authorised person)

\_\_\_\_\_ to access, the following documents (see 'Form A').

I understand that I will not be permitted to remove the contents of my dental record from the premises of the dental practice, nor will I be permitted to alter or erase information contained in the dental records.

I understand that I will be permitted to obtain copies of the contents of my dental records. Where copies are requested, a fee may be applicable. Further, I understand that copies will be available to me as soon as practicable, but within 30 days of the date of the practice receiving this application.

Patient Date of birth: .....

Patient ID: .....

Patient Signature:.....

If authorised person:

Name:.....

Address:.....

Date of Birth: .....

ID: .....

Signature:.....

# Form A

Please indicate which records are requested:

1. Written Records

- All
- From \_\_\_\_\_ to \_\_\_\_\_

2. Radiographs (x-rays)

- All
- From \_\_\_\_\_ to \_\_\_\_\_

3. Specialist reports

- All
- From \_\_\_\_\_ to \_\_\_\_\_

Other:

- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_

How would you like the information conveyed to you?

- verbally (do you want the dentist to read them to you in 'plain language'?)
- visually (do you want to see the original copy?)
- Copy
  - Hard copy, i.e. paper copies
  - Soft copy, i.e. electronic copy on USB or CD
- Directly to another dentist via email
  - Dentist's name .....
  - Practice name .....
  - Telephone number .....
  - Email address .....