

Transfer of Dental Records

Brentford 
COSMETIC DENTAL

20-22 Brentford Square
Forest Hill 3131
Ph 03 7023 0066
info@BrentfordDental.com.au

To _____
Address _____
Fax _____
Email _____

Please transfer my dental records as follows by email (up to 20MB per email).

Patient Name _____
Patient DOB _____
Date of request _____
Signature _____

tick as appropriate

- Patient notes
- Referrals to and from specialists
- OPG/intraoral xrays
- CT Scan (please post on Disc as over 20MB)

- Please transfer the records of the other family members under 18 years of age, who are under my care. Names and date of birth listed below.

Email: info@BrentfordDental.com.au

If posting the records, please send to:-
Brentford Cosmetic Dental, PO Box 505, Brentford Square 3131