



Dr. Puneet Roy Jindal
BDS, MPH

1 Pyne Street Edge Hill Cairns 4870
Ph: 07 4032 3236 Fax: 07 4053 7021
Mobile: 0401 768 644
info@cairnsdentalboutique.com.au
www.cairnsdentalboutique.com.au
ABN : 60151611326, ACN: 151611326

PATIENT AUTHORITY TO RELEASE DENTAL RECORDS

I, _____ (PATIENT), HEREBY AUTHORISE MY PREVIOUS TREATING
DENTIST, DR _____, OF (ADDRESS) _____
TO RELEASE MY DENTAL RECORDS OR COPIES THEREOF (including radiographs and photographs if applicable
AND THOSE OF MY FOLLOWING DEPENDENTS (IF APPLICABLE)

AND TO PROVIDE SUCH RECORDS TO: DR _____ of Cairns Dental Boutique, copies o
dental records, which can be emailed or posted to:

info@cairnsdentalboutique.com.au / Cairns Dental Boutique
SUITE 4, 1 PYNE STREET
EDGE HILL QLD 4870

SIGNED: _____

NAME: (in full) _____

DOB: _____

ADDRESS: _____

TELEPHONE: _____

DATED: _____

OFFICE USE ONLY
RECORDS RECEIVED: _____
(name and signature of requesting dentist or agent) DATE: _____