



Application for Access to Dental Records
Privacy Act 1988

Details of Patient:

Surname: _____

First Name: _____

Date of Birth: _____

Can you please forward all my dental records including clinical notes and radiographs to the following dental practice:

Doucas Dental
1 Templeman Place, Midland, 6056
admin@doucasdental.com.au
Ph: (08) 9274 1657
Fax: (08) 9274 1557

I acknowledge that I am entitled to apply for access to my health record under the terms of the privacy act and that there may be a fee associated with the copying/duplication of these records. This fee will be paid by me on notification and before the records are transferred.

Patient's signature:.....

Date:.....