

# AUTHORITY TO RELEASE DENTAL RECORDS



I, the undersigned, hereby authorise

Dentist Name: .....  
Of  
Practice Name: .....

to release dental records or copies thereof (including radiographs and photographs) for

Patient Name: .....  
Date of Birth: .....

to

Dr Glenn Staples and/or Dr Cam McNee  
**Junction Orthodontics**

*Nambour:* 83 Blackall Terrace, Nambour QLD 4560  
nambour@junction-orthodontics.com

*Noosa:* 2 / 34 Sunshine Beach Road, Noosa QLD 4567  
noosa@junction-orthodontics.com

I understand that the records may be a copy of the originals and that the original records remain the property of the dentist who created them.

Signed: .....  
Name: .....  
Address: .....  
Telephone: .....  
Date: .....