Authority to Release Dental Records

Junction Orthodontics

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: .....