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REGISTERED DENTAL HYGIENIST

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## **Request to Access/Transfer Dental Records**

To: \_\_\_\_\_

Re: \_\_\_\_\_ D.OB: \_\_\_/\_\_\_/\_\_\_

Please send A1 Dental Care copies of all dental records pertaining to this patient. Patient's authority is herewith included:

I, \_\_\_\_\_

Of \_\_\_\_\_

Authorise for all my records and X-rays to be sent to  
A1 Dental Care Belconnen: [reception@a1dental.com.au](mailto:reception@a1dental.com.au)  
PO BOX 27 Belconnen ACT 2616

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_