Date of Request:	
Date Records Received:	

Front Office to Complete

Dr Shareif Elhoufy
BDS, ADC, MRACDS

Dr Mohamed Elfar
BDS, ADC, MRACDS

Dr Araventh Thavavaran
BDS (JCU, QLD)

Dr Shethal Premrajh
BDS, ADC

02 6251 9991
Lakeview Square, Suite 5F
21 Benjamin Way, Belconnen

Request to Access/ Transfer Dental Records

To: _____

Re: _____ D.O.B: __ / __ / __

Please send A1 Dental Care Belconnen copies for all dental records pertaining to this patient.

Patient's authority is herewith included;

I _____ of _____

_____

Authorise for all my dental records and x-rays to be sent to A1 Dental Care Belconnen: reception@a1dental.com.au / PO Box 27, Belconnen, ACT, 2617.

Patients Signature: _____ Date: _____

If there are no previous dental records to be requested, please sign below to indicate that this has been acknowledged.

Patients Name: _____ D.O.B: _____

Patients Signature: _____ Date: _____