Dr Wayne Ottaway

BDSc FADI PFA

Ottaway Dental ABN 79 009 560 598

58 Elphin road, Launceston. 7250

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Transfer of records Consent form

I, (name) _____

of (address) _____

_____

(phone) _____ (date of birth) _____ /_____ / _____

Hereby authorise Dr (dentist) _____

Of (surgery name and address) _____

_____

To release my dental records (or copies thereof), including radiographs, models, photographs,

And those of my dependants

_____

_____

_____

And provide such records to

Dr Wayne Ottaway of Ottaway Dental, 58 Elphin Rd Launceston, 7250.

Signed _____

Date _____ / _____ / _____