



# Goodlife

DENTAL STUDIO

**Goodlife Dental Studio**

Address: Shop 5/1 Eric St Alawa NT 0810

Email: [info@goodlifedentalstudio.com.au](mailto:info@goodlifedentalstudio.com.au)

Website: [www.goodlifedentalstudio.com.au](http://www.goodlifedentalstudio.com.au)

08 7979 3246

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Other Family Members/ Dependents If Applicable: Write Full Name and DOB with a comma separating:


\_\_\_\_\_  
\_\_\_\_\_

**I would like a copy of all clinical notes, x-rays and dental records be released from:**


\_\_\_\_\_

**Previous Dental Practice**

**and:**

 Sent to 'Goodlife Dental Studio Pty Ltd' via email to [info@goodlifedentalstudio.com.au](mailto:info@goodlifedentalstudio.com.au)

 Sent to myself via email at \_\_\_\_\_

 Personally collected by myself from your dental clinic

 Sent to \_\_\_\_\_

I understand that the release of these confidential records is at the discretion of the treating dentist and that the original records remain the property of the dentist who created them.

I hereby declare that I have legal permission to access the dental records of those listed in this document.

**Patient / Guardian Signature**

