

**Roleystone Dental**  
Shop 18, 21 Jarrah Road, Roleystone  
ROLEYSTONE, WA, 6111  
Tel: (08) 9397 6337  
Email: [reception@roleystonedental.com.au](mailto:reception@roleystonedental.com.au)



## DENTAL RECORDS TRANSFER REQUEST

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

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

**Phone Number:** \_\_\_\_\_

### Records Requested

- ☐ X-rays
- ☐ Treatment Notes
- ☐ Referral Letters
- ☐ Full Patient File
- ☐ Other: \_\_\_\_\_

### Please Send Records To:

Roleystone Dental  
Shop 18, 21 Jarrah Road, Roleystone. WA. 6111  
**Phone Number: (08) 9397 6337**  
**Email: [reception@roleystonedental.com.au](mailto:reception@roleystonedental.com.au)**

### Patient Authorization

I authorize the release of my dental records from  
\_\_\_\_\_ (*Name of Old Practice*)

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_