



MAITLAND
Dental Care

TO:

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APPLICATION FOR COPY OF DENTAL RECORDS

Patient Details

Mr Mrs Miss Ms Surname

Given Names

Date of Birth

Previous address

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.....

Current Address

.....

.....

Telephone: Home: Work

I hereby request that X-rays and records for the above patient be made available to
Dr Christopher McNulty Pty Ltd T/as Maitland Dental Care.

Please email to radiology@maitlanddentist.com.au or post to

PO Box 41, Maitland, 2320.

Ph- 02 49335081

Signed

Date



MAITLAND

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