



3 Station Road
Margaret River WA 6285
Ph: (08) 9757 2881
Email:reception@amrdental.com.au

Application for Access to Health Records
Privacy Amendment (Public Sector) Act 2000

Patient Name: _____

Date of Birth _____

Additional family members (if applicable)

..... DOB

..... DOB

I hereby give consent for copies of my dental records and/or radiographs to be accessed by:

AMR Dental 3 Station Road, Margaret River WA 6285

Signature:.....

Date:.....

Previous Dentist Details

Name of Dentist:

Name of Surgery:

Address:

Phone:Email: