



Vivid Smiles
DENTAL CENTRE

12 Zoe Street Bunbury WA 6230

Telephone: (08) 9791 3627

Email: vividsmiles@hotmail.com

www.vividsmilesdentalcentre.com.au

Date.....

To Whom It May Concern:

Patient Name.....

Date of Birth.....

The above patient has requested that their dental records be transferred from:

.....

To: **Vivid Smiles Dental Centre**

in accordance with Access to Health Records Privacy Amendment (Public Sector)
Act 2000

Signature.....Date.....

Yours sincerely,

Vivid Smiles Dental Centre



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To Whom It May Concern:

Patients

Name.....

Date of

Birth.....

I give permission for my dental records including past treatment, clinical notes & radiographs to be transferred from Vivid Smiles Dental Centre

TO:

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In accordance with Access to Health Records Privacy Amendment (Public Sector) Act 2000.

I agree that once the transfer has occurred, Vivid Smiles Dental Centre and the practice principal

will no longer be responsible for the safekeeping of these records.

Signature.....Date.....