

I _____ have previously attended your dental surgery; however I am now attending Gawler Place Dental.

DOB:

Address:

I would like you to please send my recent radiographs (digital copy if possible) and a copy or extract of any relevant dental records to:

Gawler Place Dental
Dr's Papageorgiou and Reddy
Level 6/55 Gawler Place
ADELAIDE SA 5000

contact@dndental.com.au

I hereby authorise and request this to be done.

A prompt response will ensure that I am not disadvantaged in my dental health care.

Kind Regards

Patients signature: _____

Date: / /