



REQUEST FOR DENTAL RECORDS

Date: ____/____/____

Name: _____

Date of Birth: ____/____/____

Phone number: _____

Address: _____

Other family members: _____

Previous dentist or practice name: _____

Town/suburb: _____

Please forward all my dental records, including any notes, radiographs and photos to
Dr Nathalia Garritano / Dr Amy Calvin at:

SmilesHQ

Shop 10/6 King Street,

Warners Bay, NSW 2282

(02) 40 620 705

hello@smileshq.com.au

Signature _____