



Plumstead Dental Surgery

Patient Authorisation to Transfer or Forward Dental Records

I, [], hereby request and authorise [] to turn over my dental records to [] on [] or to forward a copy to my new dentist, whom I have indicated below. I understand that, in the absence of an alternative designation, my records will be transferred to [].

By authorising this transfer, I understand that I am not impairing Dentist [] right of access to my records, when necessary, during the time period in which I was under his/her care.

Details of new dentist, specialist, consultant, patient, attorney, insurer, etc.

Surname [] Forename []

Contact number []

Address [] Post Code []

Forename

Surname

Signed