



10 New West Road  
Port Lincoln, SA 5606

Dr Estee Meyer  
Provider no: 4556008J  
Tel: 08 7609 1152

**RECORDS RELEASE**

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**PATIENT**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

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**REQUEST FROM**

Clinic Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ State \_\_\_\_\_

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**ADDITIONAL FAMILY MEMBERS TO BE REQUESTED**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

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**DECLARATION**

I ..... give Boston Bay Family Dental permission to obtain all dental records including x-rays, charting, and photographs from the dental provider listed above.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please forward records to [smile@bostonbayfamilydental.com.au](mailto:smile@bostonbayfamilydental.com.au)