



To Whom This May Concern,

RE: Request for Dental Records and X-rays

Previous Dentist Name:

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Address:

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Email Address:

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Please forward all dental records and/or dental x-rays currently on file with your surgery for:

Print Name:

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DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address:

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To: Bayside Family Dentistry

Address: 10 East Concourse, Beaumaris VIC 3193

Phone: (03) 9589 4472

Email: [info@baysidefamilydentistry.com.au](mailto:info@baysidefamilydentistry.com.au)

Patient Signature (Guardian)

Date:

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