Smile Artistry Pty Ltd
ATF Smile Artistry Unit Trust
ABN 53 502 692 764
Level 1, 31 Sherwood Road
PO Box 714
Toowong, Qld 4066
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Web. www.smileartistry.com.au
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***<u>PATIENT AUTHORITY TO RELEASE</u>***
***<u>DENTAL RECORDS TO SMILE ARTISTRY</u>***

I, ____________________________________________________________ (please include full name)

Date of Birth, __________________________________________________________

Of (home address details)

_______________________________________________________________________

_______________________________________________________________________

Authorise (dentist name) ___________________________________________________

Of (dentist address) ______________________________________________________

Phone: (dentist) _________________________________________________________

Fax: __________________________________________________________________

To release my dental records and radiographs to:

**Smile Artistry Pty Ltd**
**PO Box 714**
**Toowong**
**QLD 4066**

I understand that the release of my dental records is at the discretion of the treating dentist and I acknowledge that the original records remain the property of the dentist who created them.

Signature: _______________________________________________________________

Date: ___________________________________________________________________