

**BLACKBURN
DENTAL
GROUP**



BLACKBURN DENTAL GROUP
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Date:.....

AUTHORITY FOR TRANSFER OF DENTAL PATIENT RECORDS

Dear Dr.....

.....has consulted our practice for
dental care.

I would appreciate any relevant records and/or radiographs which may assist with
any future treatment.

Kind Regards,

.....

PATIENT DETAILS:

Name:

D.O.B:

Address:

Date:

Signature: