



Australian Society
of Orthodontists

Request for release of Patient Records

Date

I,

Responsible Party

Hereby request and give my permission to:

Doctor's name

To provide copies of all orthodontic records with respect to the orthodontic care of:

Patient's name

Such records may include, but not be limited to medical cares and treatment, illness or injury, dental and orthodontic history, medical history, financial history, consultation, prescriptions, x-rays and models.

I agree to pay any costs in duplicating such records.

Name (Please print)

Address

Signed