



21 Wittenoom Street  
Bunbury WA 6230  
Phone: 08 9791 2377

To whom it may concern:

Name:

DOB:

I give permission for my dental records including past treatment, clinical notes and radiographs to be transferred from **Bunbury Oral Care Centre** to:

In accordance with Access to Health Records Privacy Amendment (Public Sector) Act 2000.

I agree that once the transfer has occurred, Bunbury Oral Care Centre and the Practice Principal Dr Lam Nguyen will no longer be responsible for the safekeeping of these records.

Patient Signature: .....

Date: 16/09/2020