



LAKE MACQUARIE
DENTAL PRACTICE™

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REQUEST FOR DENTAL RECORDS

Date: _____

Patient(s) Name: _____

Patient(s) Date of Birth: ____/____/____

Address: _____

I would appreciate you forwarding all my dental records/radiographs to the following email address:

Practice Name: Lake Macquarie Dental Practice

Dentist: Dr Eric Asis

Address:

402 The Esplanade

Warners Bay 2282

Phone: (02) 4958 8600

E-mail: reception@lakemacdentist.com.au

Patient/Parent or Guardian Signature: _____