

## REQUEST TO TRANSFER DENTAL RECORDS

Attention.....

I/we.....

Request that my/our records and any recent xrays be transferred to:

SEASCAPE DENTAL  
145B The Entrance Rd  
The Entrance NSW 2261

Phone -02 4332 2581

Fax- 02 4332 9514

Email- [info@seascpedental.com.au](mailto:info@seascpedental.com.au)

Thank you

Signature .....

Date.....