



Request for Release of Dental Records

1300 AIM DENTAL

Patient Name:	
Address:	
Date of Birth:	

Authorised Dr:	
Address:	
Phone:	
Fax:	
Email:	

Please send a copy of my records to Aim Dental Group:

- WOODVALE
- INNALOO
- MADDINGTON
- MERREDIN

Thank you.

Patient and/or guardian signature: _____

Date: _____

WOODVALE
13/923 Whitfords Ave
PH: (08) 9448 8677
FX: (08) 9343 6631
woodvale@aimdental.com.au

INNALOO
3/1 Sunray Drive
PH: (08) 6365 6777
innaloo@aimdental.com.au

MADDINGTON
5/74 Attfield Street
PH: (08) 9493 4637
FX: (08) 9459 7652
maddington@aimdental.com.au

MERREDIN
42 Barrack Street
PH: (08) 9041 1735
FX: (08) 9041 2249
merredin@aimdental.com.au