



**NEW LAMBTON
FAMILY DENTAL**

**AUTHORIZATION AND REQUEST FOR PREVIOUS
DENTAL RECORDS/RADIOGRAPHS**

Previous Dentist: _____

Address: _____

Phone: _____ Fax: _____

Please forward any previous x-rays and/or records to:

New Lambton Family Dental

4/71 Regent Street

New Lambton NSW 2305

PH: 02 49539594

FAX: 0249563073

Email: newlambton@familydentalgroup.com.au

Thank you!

Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____ DOB: _____