

BARKLY  
STREET  
DENTAL  
GROUP

I give written permission for Dr. Raoul Harrison and Associates at Barkly Street Dental Group to seek copies of my dental records, including radiographs from:

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Name \_\_\_\_\_ D.O.B. \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Could you kindly please forward copies/originals of the above patients dental records and radiographs to the below address via post or email ASAP.

Barkly Street Dental Group

48 Barkly Street

Mornington VIC 3931

Ph: 5975 5355

Fax: 5977 0422

Email: [admin@barklystreetdental.com.au](mailto:admin@barklystreetdental.com.au)