



8A, Building 3 Sydney Ave,  
Barton, ACT, 2600  
Phone: (02) 6273 8885

Date of Request:	
Date Records Received:	

Front Office to Complete

**Dr Shareif Elhoufy**  
BDS ADC MRACDS

**Dr Mohamed Elfar**  
BDS ADC MRACDS

**Dr Araventh Thavavaran**  
BDS (JCU, QLD)

**Dr Michael Barin**  
BD (Syd)

**Request to Access/ Transfer Dental Records**

To: \_\_\_\_\_

Re: \_\_\_\_\_ D.O.B: \_\_ / \_\_ / \_\_

Please send A1 Dental Care Belconnen copies for all dental records pertaining to this patient.

Patient's authority is herewith included;

I \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_

Authorise for all my dental records and x-rays to be sent to A1 Dental Care Barton:  
[bartonreception@a1dental.com.au](mailto:bartonreception@a1dental.com.au) / Suite 8A, Building 3, Sydney Avenue, Barton, ACT, 2600.

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there are no previous dental records to be requested, please sign below to indicate that this has been acknowledged.

Patients Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_