



Currimundi Marketplace  
Shop 1, 748 Nicklin Way  
Currimundi QLD 4551  
Tel: (07) 5437 9000  
Fax: (07) 5437 9077  
info@cf dental.com.au

Dr Roscoe Morze BSc (Uni QLD)  
Dr Michelle Morze BSc (Uni QLD)

Dear Colleague at \_\_\_\_\_

Telephone number \_\_\_\_\_

Fax Number \_\_\_\_\_

<h2 style="text-align: center;">REQUEST FOR DENTAL RECORDS</h2>
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Please forward any dental records and x-rays held for the patient/s listed below. It would be appreciated if you could send the required information via the email address (info@cf dental.com.au) or to the listed postal address above.

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_