

**DR PATRICK J. MEANEY
& ASSOCIATES**

D E N T A L S U R G E O N S

Dear Dr _____

Please send a copy of my clinical record to Dr Patrick J Meaney and Associates.

Signed: _____ Date: _____

Patient name: _____

Address: _____

Phone No.: _____

DOB: _____

Dear Dr,

I would appreciate copies of all notes, periodontal charting, and other records including 2D radiographs, 3D datasets/cone-beam x-ray information, study models, diagnostic wax-ups, working models and any other clinical information, required by the Dental Board of Australia to be kept on file for this patient, that you hold.

I undertake to return any original records promptly.

With kind regards,



Dr Patrick J Meaney
BDS MRACDS (GDP) FICD FADI FPFA

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Dr Patrick J Meaney

DENTAL SURGEON

BDS MRACDS(GDP) FADI FICD FPFA

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Ms Atefeh Dadashi

Oral Health Therapist

BOH

Ms Banen Maliki

Oral Health Therapist

BOH



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