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GDC No. 59950
Denplan No. 222701/A

Consent to allow third party access to dental information

Please complete this form if you wish to grant a representative the ability to communicate with us about you. This will enable them to gain information about you and your dental health, talk to us about your care, and give and receive information about you. It will not entitle them to order copies of your dental records or sign consent on your behalf.

Giving consent to someone else to communicate with us about you and your dental problems is a very significant step and you should give it serious consideration before you give consent. You need to consider what they might learn about you and your problems that you do not want them to know and have fully considered the ramifications of giving that consent. Once they learn information about you, they might also share it with others that you do not intend to have that information. If you are unsure about giving consent, we advise that you do not give it and that you seek legal advice before proceeding.

Your Details	
Full Name:	
Date of Birth:	
Address:	

Your Representative's Details	
Full Name:	
Contact Number:	
Address:	

Declaration

I consent to the release of confidential information from my dental record as stated in this form to the person stated above

Signed

Date