



periodontics - dental implants

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CONSENT FORM TO BE SIGNED PRIOR TO INITIAL CONSULTATION
PRIVACY ACT CONSENT FORM

Before you provide us with any of your personal information, we are legally obliged to have you read and sign this consent form, to enable us to collect and use such information. The personal information, which you will be asked to provide, is necessary to properly and effectively assess and treat your periodontal condition. This information will be stored in your dental file and also on the practice computer and backup hard drives. The only people who have access to this information are those who are employed in the practice and require such information to facilitate your dental care.

This personal information may also be passed on to the other doctors and health care professionals involved in your care in the form of a written report, to facilitate continuity of care and to medical indemnity providers where indicated. Information may also be provided to government agencies when required by law or to your health fund as required, to process or verify insurance claims. Written correspondence will be delivered by regular mail, fax or E-mail.

Your file maybe used for research, surgical audit and teaching, but this will only be done in a way that you will not be identified. None of the information used will be able to be attributed to any individual and personal information such as name, address and phone numbers will not be included.

Signing this form indicates that you understand the above statements and consent to the supply of your personal information and for it to be used as outlined.

NAME: _____

SIGNATURE: _____

DATE: _____