

ORAL HEALTH THERAPIST - FORM 2¹
AUTHORISATION FOR RELEASE OF INFORMATION

To: _____
Name of Licensing Authority

To Whom It May Concern

I, _____ with registration number _____
(Name of applicant)

give my consent to the _____
(Name of Licensing Authority)

to release my registration status from _____ to _____
dd/mm/yyyy dd/mm/yyyy

Singapore Dental Council for the purpose of verification.

Signature

Date