



Dr Mel Griffiths
Dr Carole Chung
Dr Sharon Lim
Dr Simon Cowap
Dr John Nguyen

Dr Bradley Forssman
Dr Hamish McArthur
Dr Marc Madeleine
Dr Elizabeth Davis
Dr Robert Mundell

Dr Sofie Roberts
Dr Rebecca Blake
Dr Jennifer Morrison
Dr Penelope Elix

REQUEST FOR TRANSFER OF MEDICAL RECORDS

To: _____ (MEDICAL PRACTICE NAME)

_____ (MEDICAL PRACTICE ADDRESS)

DR: _____ (DRS NAME) _____ (FAX)

Dear Dr,

We wish to advise you that the following patient(s) are now attending this medical practice and would like to have his/her/ their medicals records transferred. We would appreciate it if you could send any relevant information which would assist with their continuing care.

If your practice uses Best Practice software we would appreciate if you could export the patient files onto disc using XML format. Thank you.

Records to be forwarded to:

Dr _____ AT FOUNTAIN STREET GENERAL PRACTICE

Doctors/ Practice Managers Signature _____
FOUNTAIN STREET GENERAL PRACTICE

I hereby authorise the release of my/ our medical records to Fountain Street General Practice.

Patients Name: _____ **D.O.B.** _____

Address: _____

Patient's Signature _____ **Date** _____

Please include other members of my family (18 years and under) as listed:

Re: _____ **D.O.B.** _____

Re: _____ **D.O.B.** _____

Re: _____ **D.O.B.** _____