



14 Broad Oak Drive, Cranbourne East, 3977; Tel: 95995-1000; website: www.broadoakmd.com.au

TRANSFER OF MEDICAL RECORDS

Date: ___ / ___ / _____

To: Practice/Hospital

.....

.....

Dear Doctor

The patient whose details are given below is now consulting doctors at this medical practice. Would you kindly forward us a summary of their medical records, including any relevant specialist letters and recent test results.

NB: Please send Patient Medical Records on disc if possible (XML, Medical Director 3 Compatible). If you do not use MD3 please forward the document on HTML format.

Yours faithfully

Broad Oak Medical Dental

TO WHOM IT MAY CONCERN

I (name) D.O.B. ___ / ___ / _____

Of (present address)

.....

(Previous address)

.....

Hereby give permission for you to release all my medical records to this medical practice.

Patient's signature

Other family members: (Each family member 14 years and older must sign for their own records)

..... Signed:..... D.O.B.

..... Signed D.O.B.

..... Signed D.O.B.