Health Clinic
Freshwater

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Freshwater Health Clinic
Shop 5, 88 Evans Street,
Freshwater NSW, 2096
Ph: 02 9105 4810
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Request For Transfer of Medical Records

Name of Previous GP(s) and Practice Address

_____

_____

_____

Patient Name (s) – include other family members on Medicare card if required:

1. _____ D.O.B _____
2. _____ D.O.B _____
3. _____ D.O.B _____
4. _____ D.O.B _____

Patient Address:_____

_____

Main contact email:_____Mob:_____

The above patient is attending our Practice and would appreciate all relevant medical records and reports to be forwarded to the above address for ongoing care and management. If using Best Practice please export records in XML format and send securely, electronically, on disc or USB.

New GP_____

Patient Consent:

I give permission for my medical records to be released to the above Doctor's surgery and agree to pay any cost involved if requested

Signature:_____ Date: _____