351-353 Pacific Hwy
Asquith NSW 2077
Ph: (02) 9477 4400
(02) 9477 4422
Fax: (02) 9477 4433

TRANSFER OF FILE REQUEST

Dear Dr……
of……
Ph: …… Fax: ……

Dear Dr……
of……
Ph: …… Fax: ……

Dear Dr……
of……
Ph: …… Fax: ……

Dear Dr……
of……
Ph: …… Fax: ……

The following patient/s are now attending this medical clinic. In order to provide quality health care, we kindly request that you forward medical records to us at your earliest convenience. Please include any Care Plans that are currently in place.
Thankyou for your assistance.

Patient details

Name: ..... Address: .....DOB ……
Name: ..... Address: .....DOB……...
Name: ..... Address: .....DOB……...
Name: ..... Address: .....DOB……...
Name: ..... Address: .....DOB……...

Patient Authority

I, ... give my consent for the above-mentioned Medical Practice/Doctor to release my medical records and associated medical history to Asquith Doctors.

Signed: ..... Date: .....

Doctor Requesting Records

Dr ..... Signed: .....

Our practice uses Best Practice, please copy disc in XML format.