



Ltd ABN 27159660634

Transfer of Medical Records between Doctors

Date: _____

Dear Dr _____

At _____

Phone No. _____

Fax No. _____

The below patients are now attending this practice. He/She has made an unsolicited request for their medical records. Could you please forward a copy of their medical history, including relevant reports and letters. ****We use Best Practice Software, and would prefer to receive the file in XML format on a CD. If however you are using the Lava Version of Best Practice, please send the file as an HTML or hard copy. Please contact our Practice Manager, Rebecca Trevillian, or Best Practice staff if you require information on how to perform this task****

Thank you for maintaining continuity of this/these patient/s medical care.

Per: _____

CREMORNE MEDICAL PRACTICE

Patient's Consent

I hereby authorise Cremorne Medical Practice to request the transfer of my medical records on my behalf. I agree to pay reasonable costs associated with this transfer.

Patient's Name:

Date of Birth:

Signature (if 16 years old and over):

Dr Alanna Horadam
MBBS DRANZCOG FRACGP
Dip.FPA Principal
Prov No 041 550 6J

Dr Margaret Hamilton
MBBS DCH
Principal
Prov No 020 121 KX

Dr Phil Keys
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