



REQUEST FOR MEDICAL RECORDS TRANSFER

Centre Health Medical Centre Barrack Heights
9-25 Captain Cook Drive, Barrack Heights NSW 2528
Ph: (02) 4295 9999
Fax: (02) 4295 9998

Practice Name: _____
Practice Address: _____
Phone No. _____
Fax No. _____

Dear Doctor,

Re: Request for transfer of patient medical records

As the patient listed below now attends this practice, please forward a copy of their medical records (or a complete and accurate health summary) and any other relevant clinical information to assist in the continued management of their healthcare.

Patient (full name): _____
Address: _____
Date of Birth: _____

If sending the records electronically, please send them in an .xml format.

- Health Summary Only
- Complete Medical Record
- Other: _____

Patient consent

I, _____ consent to the release of my medical records and any other relevant clinical information to **Centre Health Medical Centre Barrack Heights**.

Patient name: (please print) _____

Signature: _____ Date: _____

If not patient signing – name: (please print) _____

Your relationship to patient: (e.g. Mother, Father, guardian, carer) _____