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"Caring for Your Health"

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Dear Doctor

The following patients are now attending this practice and have requested that medical records held by you be forwarded here. In particular these results:

- All medical Records
- Current Medications & Current Conditions
- Health Assessment Date: _____
- GP Mental Health Plan/TCA Date: _____
- Workcover claim
- Other, please specify _____

Would you kindly arrange to forward these records at your earliest convenience. The patient's authority appears below. Please forward by post, fax or email.

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Yours faithfully,

Gold City Medical Centre

I hereby authorise the above request for transfer of medical records.

Patient Name: _____

Address: _____

Patient Signature: _____

Date: _____