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PRACTICE:
ADDRESS:
FAX NO:

Dear Doctor

The following patients are now attending this practice and have requested a copy of medical records held by you be forwarded. Could you please send...

- A **summary** which includes medications, allergies, and current problem list.
- Other records required are: _____

Could you also please notify us of the dates of most recent chronic disease consultations: _____

Health Assessment _____ Care Plan/TCA _____ Mental Health Plan _____

Would you kindly arrange to forward these records at your earliest convenience? The patient's authority appears below. Please 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. I give consent for these to be sent via fax or email.

Patient Name: _____

Address: _____

Patient Signature: _____

Date: _____