



**Request for Medical Records Transfer - CONFIDENTIAL**

- Dr Bhavik Damodar   
  Dr Shanli Liu   
  Dr Hong Shi   
  Dr Poppy Rajaratnam   
  Dr Jessica Legrand  
 Dr Rumna De   
  Dr Eve Jenkins   
  Dr Amy Donovan   
  Dr Tony Liu

Please complete the details below for the Medical Centre we are requesting the records from:

**Date:** \_\_\_\_\_

**Medical Centre:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

To whom it may concern

The patient/s listed below is/are now attending Jindalee Care Medical Practice. We would appreciate if you could forward us a summary of his/her/their medical records, latest pathology results and specialist letters. Could you please also supply any relevant recalls for the patient/s listed.

Thank you.

Yours Sincerely

Doctor

**Patients name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patients name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patients name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I hereby authorise the release of patient medical records.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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