Request for Medical Records Transfer

Frenchs Forest Doctors
24 Frenchs Forest Road, East.
FRENCHS FOREST NSW 2086
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info@frenchsforestdoctors.com.au

Date:_____

Name of Doctor or Hospital_____

_____

Phone: **Fax:**

Patient full name (print)	**Address**	**DOB**

Signature of Patient _____

Other family members (if under 18 years of age)	**Address**	**DOB**

The above mentioned now attends this practice. To assist in their future medical management. Would you kindly forward: (tick option)

- ☐ Please do not send original documents
- ☐ Their clinical records
- ☐ An accurate health summary, with relevant correspondence and results,
- ☐ Details of any CDM or PIP Items claimed within the last 2 years. (eg GPMP)

These records can be forwarded by: (tick option)	☐ Mail ☐ Fax

Yours sincerely

Frenchs Forest Doctors