



## CONFIDENTIAL REQUEST TO TRANSFER MEDICAL RECORDS

Date \_\_\_\_\_ Fax: \_\_\_\_\_  
TO: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_

The patient(s) listed below are now attending our Medical Centre.

To ensure privacy and continuity of care, it is requested that their medical records be transferred to this Centre by;

- Healthlink, Email, Fax or Registered mail

**PLEASE DO NOT SEND INFORMATION ON A DISC OR USB**

**FULL NAME:**

**DATE OF BIRTH:**

**SIGNATURE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MyMedicare – I am currently registered elsewhere and wish to transfer to Mannum Medical



**CURRENT ADDRESS:**

\_\_\_\_\_

**PREVIOUS ADDRESS:**

\_\_\_\_\_

I (the above-named person/s) give consent for a copy of our medical notes to be released to Mannum Medical and understand that fees may apply for the release of my records.

Would you please send a **COPY ONLY** of the above patient/s Health Summary and a **COPY ONLY** of any relevant, specialist investigations, history of chronic or unusual conditions.

We would also appreciate any PLAN history of the patient as listed below:

Item	Completed Yes/No	Date Completed
GPCCMP Created (item 965)		
GPCCMP Review Created (item 967)		
Mental Health Plan (item 2700, 2701, 2715, 2717)		
Other:		

Yours sincerely, \_\_\_\_\_ Medical Records Clerk

OFFICE USE

DR \_\_\_\_\_