



MOONTA MEDICAL CENTRE

Telephone 8825 2309

Fax 8825 1900

Request for Medical Records Transfer

Dear Medical Centre..... Date:

Address..... Fax.....

Patient Full Name	Address	DOB
Previous Address		

Other Family Members (if under 18 years of age.)	Address	DOB

The patient listed above now attends this Practice.

To assist in their future medical management would you kindly forward an accurate health summary, with relevant results and correspondence including specialist letters.

These records can be forwarded using:

- Health link. Our Practice messaging address is MOONTAMC.
- Electronic XML format compatible with Medical Director.
- Registered Mail

Details of any CDM Items claimed within the last 2 years (eg GPMP)

Yours sincerely

Doctor {Name of GP}

Patient Authorisation Date: