

ONSLow ROAD FAMILY PRACTICE

TRANSFER OF NOTES REQUEST

98 Onslow Road Shenton Park

Perth, WA 6008

Phone: (08) 9381 4547 Fax: (08) 9381 4507

Healthlink ID: crispgeo

reception@orfp.com.au

Date:.....

Dear
Doctor.....

Practice.....

...

Practice Address.....

Phone..... Fax.....

As the patient(s) listed below now attends this practice, please forward a copy of their medical records, (or a complete and accurate Health Summary) and any other relevant clinical information to assist in the continued management of their healthcare.

Please note we only accept XML format for Best Practice, if not, as a PDF

Full Name	Address	DOB	Signature

If there is a charge to the patient, please contact them directly.

I consent to the release of my medical records and any other relevant clinical information to Onslow Road Family Practice.

Signature..... Date.....

If not patient signing – name:

Relationship to patient