

Request to transfer records

Date: _____

Attention: _____

Address: _____

Phone: _____

Fax: _____

Requesting patient details:

Name: _____

D.O.B: _____

Address: _____

Phone: _____

The above patient now attends Newbay Medical Clinic.

We request that you please forward a copy of the below to assist in the continued management of their healthcare:

- Complete Medical History
- Summary of their current Medical History
- All current and previous results/reports
- Other _____

We do prefer to receive electronic files in a XML format via e-mail to admin@newbaymedical.com.au or USB (We are unable to accept CD's)

Yours sincerely Dr. _____

Patient signed authorisation: _____
(signature)

For more information about our services, please visit our website: **www.newbaymedical.com.au**