



44 Hillier Road Morphett Vale SA 5162
Phone (08) 8382 3900 Fax (08) 8326 3058
contact@reynellamedical.com.au

Transfer of Medical Records

Date: _____

Dear Dr _____

Address _____

Fax Number _____

Email _____

Could you please forward a medical summary plus any relevant/recent test results, specialist letters, discharge summaries and care plans for the person(s) listed below as they are now attending our surgery. USB or disc in XML format is preferable. Thank You

PLEASE INCLUDE RELEVANT REMINDERS AND RECALLS

Name

DOB

I hereby consent to Dr _____ obtaining my medical history.

Patients signature _____

Please check with your previous Doctor as to whether there are fees to be paid for this transfer.