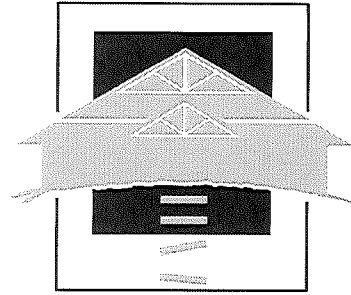


Previous Doctor's Address:



THE SURGERY

Tel: (08) 9842 5900
Fax: (08) 9842 1900
PO Box 546 Albany WA 6331.
email: splaz@thesurgery.net.au
website: www.thesurgery.net.au

Dear Doctor

The following patient/s will now be attending this practice.
Would you please release their medical records to our practice.
We require an up to date health summary; a copy of the
test results; and any specialist letters & reports.

Thank you,

If sending records on a CD please ensure they are in HTML format.

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

EPC Item	Completed Yes/No	Date Completed
GPMP Created (Item 721)		
TCA Created (Item 723)		
Health Assesment (Items 701, 703, 705, 707)		
Home Medicines Review (Item 900)		
Mental Health Plan (Item 2710/2702)		

PATIENT'S AUTHORITY FOR RELEASE OF MEDICAL DETAILS

NAME: _____ DOB ___/___/___

ADDITIONAL FAMILY MEMBERS _____ DOB ___/___/___

_____ DOB ___/___/___

_____ DOB ___/___/___

_____ DOB ___/___/___

ADDRESS: _____

TO: Dr _____

I hereby give permission for my medical records to be forwarded to

Dr _____ of "The Surgery".

Signed _____ Dated: ___/___/___

IMPORTANT CONFIDENTIALITY NOTICE

This facsimile contains confidential information which is intended only for the addressee. If you have received this facsimile in error, you are advised that copying, distributing, disclosing or otherwise acting in reliance upon this facsimile is strictly prohibited. If you are not the intended recipient could please notify us immediately.