

Previous Doctor's Address:



THE SURGERY

Tel: (08) 9842 5900
Fax: (08) 9842 1900
PO Box 546 Albany WA 6331
reception@thesurgery.net.au
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 include both HTML and XML 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: ___ / ___ / ___