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I-MED Radiology Fax: 9468 2295
Clinipath Fax: 9371 4350

Dear Sir/Madam

The patient whose details are given below is now attending The Surgery for regular medical attention. I would be grateful if you could forward any results from the last 24 months by electronic:

download for Dr _____

Provider No: _____.

Thank you for your assistance.

Yours faithfully

THE SURGERY

I _____

Date of birth ____/____/____ of address _____

Medicare Number: _____

Hereby consent for my results to be sent to The Surgery Albany.

Other family members to be included:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Medicare: _____

Sign: _____

Date: _____