



Request for Transfer of Medical Records

Doctor

Practice Name

Phone

Fax

Dear Dr,

We wish to advise you that the following patient(s) are now attending this medical practice and would like to have his/her/their medical records transferred. We would appreciate if you could send any relevant information which would assist with their continuing care.

If your practice uses Best Practice software, we would appreciate if you could export the files onto disc using XML format. Thank you.

Doctor requesting:

Dr Chee Teh

Dr Debbie Hsieh

Please forward the following:

GPMP/TCA

Spirometry

MHTP

ECG

Specialist letter(s)

Pathology/Radiology

I hereby authorise the release of my/our medical records to Trinity Care Family Practice.

Patient Name

DOB

Address

Patient/Guardian Signature

Date

Other member(s) of my family:

Patient name

DOB

Patient name

DOB

Patient name

DOB