

Newcastle General Practice

62 Denison Street Hamilton East NSW 2291

Phone: 02 49466000 Fax: 02 49964038

Request for Release of Medical Record

MEDICAL PRACTICE YOU WISH YOUR RECORDS TO BE TRANSFERRED TO

Date: _____

Dr _____

Address:

Phone Number: _____ Fax Number: _____

PATIENT AUTHORITY

Patient Details

Name: _____

Date of Birth: _____

Address:

Contact Phone Number: _____

I will now be attending the above listed practice. Could you please forward a copy of my complete clinical record to this practice.

Signed: _____ Date: _____

FORMAT OF FILE TRANSFER

We use Best Practice. Best Practice is compatible with Medical Director. Files will be saved to a disc in XML format which can be collected from the practice at no cost, or mailed using Registered Post at a cost of \$20.00 inc gst.

Yours sincerely,

Newcastle General Practice