DAPTO HEALTHCARE PTY LTD

***Shop 1, 33-35 Princes Highway***

***(PO Box 461) DAPTO NSW 2530***

***Phone: 02-42611744 Fax: 02-42628744***

***Email:*** ***admin@daptohealthcare.com.au***

# Abn: 65179744350

MEDICAL RECORD RELEASE FORM

***ATTENTION PATIENTS – PLEASE BE AWARE YOUR FORMER PRACTICE MAY CHARGE A FEE TO TRANSFER RECORDS***

**DATE: …………….**

**DEAR (PREVIOUS) DOCTOR/PRACTICE …………………………………………………………….**

**ADDRESS…………………………………………………………………………………………………...**

**PH: …………………. FAX: …………………**

**The below-named patient/s is/are now attending this surgery on a regular basis.**

**NAME: ………………………………………………... DOB: …………………**

**ADDRESS: ……………………………………………………………………………**

**Patients under 14yrs details below, signature of both parents required where applicable.**

**Patients above the age of 14 require their own release form**

 **Child 1 ………………………………… DOB: …………... Parent 1 …………… Parent 2……………**

 **Child 2 ………………………………… DOB: ………...... Parent 1 …………… Parent 2……………**

 **Child 3 ………………………………… DOB: ………...... Parent 1 …………… Parent 2……………**

**Request for: Health Summary Complete File Other …………………………….**

To assist with this patient’s ongoing medical care, would you please provide a copy of requested documents

at your earliest convenience. **Please note if disc to be provided we accept XML format only.**

**Not compatible with Best Practice XML**

We include the patient’s signed authority and look forward to hearing from you soon.

Yours sincerely,

## DR R K BIRD, DR L M NOONAN, DR S WHITFIELD, DR L SKRYPNYK, DR Q DE HAVILLAND

………………………………………………………………………………………………………………..

I hereby give permission for Dapto Healthcare Pty Ltd to obtain my/our medical records from your practice.

**SIGNED:** ………………………………… **DATE** ………………………….