



Hervey Bay Doctors
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 Email: reception@hbdoctors.com.au

Craignish Doctors
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 P: 4305 9500 F: 4125 5846
 Email: reception@hbdoctors.com.au

REQUEST TO TRANSFER MEDICAL RECORDS

Request to:.....
 Address:.....
 Phone:..... Email/Fax:.....

The following patient is now attending this medical centre. We would be grateful if you could forward the following:-

- Complete medical records
- Health Summary
- Other.....

Patients Full Name	Date of Birth

- Dr Chris Woollard
- Dr Nick Yim
- Dr Flor Rodriguez
- Dr Mitch Davis
- Dr Sida Hou
- Dr Kay Myo
- Dr Roshanie Ratnayake
- Dr Winnie Lee
- Dr Tobias Wade
- Dr Chrissy Halliday
- Dr Jia Yeoh

I, hereby request and authorise you to release details of my medical records as requested.

Signed:..... Date:/...../.....

Our practice uses Best Practice and would appreciate receiving records in XML format or Medical Objects.

These records may be sent to reception@hbdoctors.com.au or copied to a CD or USB and sent by mail

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