



19 Lakehead Drive, Sippy Downs, Qld 4556

Tel: 07 54770644, Fax: 07 54766644

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**Transfer of Patient Medical Records Form**

Dear Doctor:

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Medical Centre Name and Address: .....

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Phone/Fax: .....

Re: (Patient Name) .....

Date of Birth: .....

Patient's address: .....

.....

The above patient is now attending Ocean Family Medicine and request that his/her medical records are forwarded to the above address. If you are able to send the records electronically please do so. Thank you.

Signed: ..... (Patient signature)

Date: .....

Doctor requesting file: (please circle one) Dr Oliver Gunson Dr Emile Brits  
Dr Christine Boeke Dr Alison Cunningham Dr Peter Rich

It would assist us with this patient's ongoing care if you would be able to provide the following information:

- Health Summary
- Specialist letters
- Health Assessment last completed Date:
- Reminders due Date: