

HEALESVILLE MEDICAL CENTRE

34 Symons St, Healesville VIC 3777
Ph: 03 5962 4379 Fax: 03 5962 4674
Email: admin@healesvillemedicalcentre.com

<p>Dr Peter Rogers MBBS, D Obst., RACOG PN 358673T Dr Fereshteh Naghavizadeh MD, PN 4814793H Dr Joel Monmolin MBBS, Docc Med PN 53555VX Dr Katia Freire De Almeida PN 5664796T</p>
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Date

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Dear Doctor,

Re:

D.O.B.....

Address.....

This patient is now attending the Healesville Medical Centre. It would be greatly appreciated if you could provide a copy or summary of any relevant medical notes, you may have concerned this patient.

If you are a 'paperless' clinic we would appreciate the history being forwarded on Disc:

[XML for BP format preferred](#) rather than hard copy. [We will also accept records by Email as a XML or HTML attachment.](#)

Yours sincerely

for
Healesville Medical Centre

Patient declaration:

I hereby give permission for the Healesville Medical Centre to obtain my medical records from your clinic.

Signed.....

Could you also include other family members as listed below: **

Name..... D.O. B.....

Name..... D.O. B.....

Name..... D.O. B.....

****Due to State & Federal Privacy laws, children 16 years and over must sign for their own records.**