

**ADELAIDE  
HEALTH  
CARE**

**43 Carrington Street  
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**Dr Michael Notley  
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**Dr Moira McCaul  
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**Dr Jenny Gunn  
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**Dr Maureen Gallagher  
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**Dr Jemma Elliott  
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**Dr Kate Le Cong  
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**Dr Julia Chan  
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**Dr Kirsty Anderson  
2416946J**

**Dr Meredith Frearson  
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297813TT**

**Dr Helen Mullner  
2317037T**

**Dr Keith Brewerton  
030266CT**

**Dr Robyn Seto  
409360JH**

**Dr Alicia Robertson  
285006RY**

**Dr Chiaw 'Malcolm' Lee  
297878VA**

**Dr Carmel Reynolds  
247011KX**

**Dr Phuc-Tam  
'Andrew' Trang  
5658852H**

**Dr Katharine Wheldrake  
5244493B**

## REQUEST FOR TRANSFER OF NOTES

DATE: \_\_\_\_\_

DEAR DOCTOR: \_\_\_\_\_

OF (CLINIC NAME IF KNOWN): \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

***The following patient is now attending this practice for their ongoing medical care:***

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

It would be appreciated if you would forward :

A complete copy of their medical records (if you have Best Practice or Medical Director, please provide notes on CD in XML format).

And / or the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Health summary         | <input type="checkbox"/> X-ray results                  |
| <input type="checkbox"/> All specialist letters | <input type="checkbox"/> Any other relevant information |
| <input type="checkbox"/> Pathology results      |   |
| <input type="checkbox"/> Other _____            |   |

Please advise on most recently billed dates for the following:

Yours sincerely,

- |  |  |
|--|--|
| <input type="checkbox"/> 701 Date: _____ | <input type="checkbox"/> 721,723 Date: _____ |
| <input type="checkbox"/> 703 Date: _____ | <input type="checkbox"/> 900 Date: _____     |
| <input type="checkbox"/> 705 Date: _____ | <input type="checkbox"/> 2712 Date: _____    |
| <input type="checkbox"/> 707 Date: _____ | <input type="checkbox"/> 2715 Date: _____    |

Dr \_\_\_\_\_

*I hereby give consent for the release of my medical information, as specified, to the above named doctor.*

**PATIENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_