

Glengarry Medical Group
Unit 2/57 Arnisdale Road, Duncraig WA 6023
Telephone: (08) 9447 9711 Fax: (08) 9246 4021



REQUEST TO TRANSFER MEDICAL RECORDS

Date:.....

I/We:

Address:.....

Authorise Dr:
(Name of previous GP)

Of:.....

..... Tel:
(Address & telephone number of previous practice)

To release my/my dependents medical records to Glengarry Medical Group.

Please note that medical records for spouse or partner can only be transferred by them signing the authority form.

Name:..... DOB: Signature:.....

Name:..... DOB: Signature:.....

Name:..... DOB: Signature:.....

EPC Item	Completed Yes/No	Date Completed
GPMP (721)		
TCA (723)		
HA (701/703/705/707)		
MHP 2700/2701/2712/2715/2717		

If using anything other than MD, please send in html format.
It would also be of assistance if you could forward copies of relevant notes, reports, laboratory results or summaries which might be useful for future care.

Thank you.