

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		

Please send in xml format via email to : manager@glengarrymedical.com.au

Thank you.