Gilles Plains Medical Centre

Shop 33 & Shop 35,

North East Road,

Gilles Plains SA 5086

Dear Dr. _____

The patient whose name appears below, has recently attended Gilles Plains Medical Centre and has requested that his/her medical records be forwarded to our practice.
Please find below an 'Authority to release Records' consent, signed by the patient.

Information requested:

- ☐ 1-page summary
- ☐ Discharge summary
- ☐ Radiology report
- ☐ Others
- ☐ Full Patient History
- ☐ Operative Report
- ☐ Care Plans

Format requested:

- ☐ Paper form
- ☐ Email
- ☐ USB

Thank you for your help.

Yours sincerely,

Gilles Plains Medical Centre

Patient's Full Name: _____

Patient's Date of Birth: _____

I, _____ give consent for my records to be sent to Gilles Plains Medical Centre.

Thank you.

Signature of Patient: _____

Date:

Dr Ting Yeung Kwok
Provider number :