
CESSNOCK MEDICAL CENTRE

Cessnock Surgery Pty Ltd, trading as Cessnock Medical Centre

| 204 Wollombi Road, Cessnock, NSW, 2325 | P: 02 4990 5600 | F: 02 4991 4004 |
| E: reception@cessnockmedicalcentre.com.au | W: www.cessnockmedicalcentre.com.au

PATIENT TRANSFER REQUEST

Date:...../...../.....

Dear Dr:

Address:
.....

Phone: Fax:

Patient Name:	
DOB:	
Address:	
Gender: (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female

The above named patient has requested a copy of their medical records to be transferred to this practice. Could you please forward any health summaries, clinical notes, specialist reports, pathology, imaging, including a copy of patients last GPMP, that would assist with the ongoing care of the patient. **Please do not send XML files unless you use Medical Director. Please send files as a PDF via email, or post paper copies of medical records.**

Kind Regards

Dr. Yang Wang / Dr. Anne Wakatama / Dr. Amanda Thompson

Per:

Patient's Consent:

I,
hereby consent to release my medical records to Cessnock Medical Centre.

Signed:.....

(If the patient is under 14yrs – parent or guardian must write and sign in their name)

Confidentiality Notice: The information contained in this facsimile may be confidential and legally privileged. It is intended only for the use of the individual named. If you are not the intended recipient, you are hereby notified that the disclosure, copying, distribution, or taking of any action in regards to the contents of this fax – except its direct delivery to the intended recipient, is strictly prohibited. If you have received this fax in error, please notify the sender immediately and destroy this cover sheet, along with its contents, and delete from your system, if applicable.