



DR KATE CLOWES
MBBS (Hons) FRACGP
The Village Hub
103 Johnston Street
Annandale 2038
drkateclowes.com.au

Your GP's details:

Your GP's email address:

Dear

I am a patient of Dr Kate Clowes and authorise you to send her a copy of my full medical record to the address above.

If you have electronic files created in either Best Practice or Medical Director, she would prefer to receive the records on a CD/USB.

In order for the files to be imported successfully and integrated with hers, they need to be exported from your system in *xml* format.

Many thanks and kind regards,

Signed:

Full Name:

Date of Birth:

Address:

Date:

*Please note that all patients/family members 16 years and over are requested to sign this authorisation