



## Medical Records Request Form

### Ninox Chancellor Park

17-19 Chancellor Marketplace

18 University Way QLD 4556

P: (07) 5453 4404

F: (07) 5379 5288

E: chancelloradmin@ninoxhealth.com

Dear

As the patient listed below now attends this practice, please forward a copy of their medical records and any other clinical information to assist in the continued management of the healthcare.

Health Summary

Full medical history

Other \_\_\_\_\_

### Patient consent

I, \_\_\_\_\_ DOB: \_\_\_\_\_

consent to the release of my medical records and any other relevant clinical information to Ninox Health on Buderim.

Patients name: (Please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not patient signing - name: (please print) \_\_\_\_\_

Your relationship to patient: (e.g. Mother, Father, guardian, carer) \_\_\_\_\_

**Medical Objects preferred (We accept USB - Please note discs not accepted as are non-compatible):**

DR Kerry Whannel

DR Lucy Randall

DR Jamal Hussain