



ABN 99 614 512 300

ROSALIE MILTON CLINIC
104A HAIG ROAD, AUCHENFLOWER QLD 4066
PHONE: (07) 3369 5433
FAX: (07) 3369 5005
EMAIL: reception@rosaliemc.com.au

TRANSFER OF PATIENT MEDICAL RECORDS FORM

DATE: _____

DEAR DOCTOR: _____

MEDICAL CENTRE NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

NAME: _____ DATE OF BIRTH: / /

NAME: _____ DATE OF BIRTH: / /

NAME: _____ DATE OF BIRTH: / /

NAME: _____ DATE OF BIRTH: / /

ADDRESS: _____

CONTACT NUMBER: _____

THE ABOVE PATIENT/S ARE NOW ATTENDING ROSALIE MILTON CLINIC AND REQUEST THAT THEIR MEDICAL RECORDS ARE FORWARDED TO THE ABOVE ADDRESS.

IT WOULD BE APPRECIATED IF YOU ARE ABLE TO FAX THE RECORDS TO 07 3369 5005.

SIGNED: _____ (PATIENT/GUARDIAN)

REQUESTING DOCTOR:

DR PHILIP MANFIELD

DR DAVID BROWN

DR HELEN ISRAEL

DR KATHERINE DENT

IT WOULD ASSIST US WITH THIS PATIENT'S ONGOING CARE IF YOU WOULD BE ABLE TO PROVIDE THE FOLLOWING INFORMATION:

HEALTH SUMMARY

CARE PLAN LAST ASSESSMENT DATE:

SPECIALIST LETTERS

OTHER:
