

**PHILIP MANFIELD**  
 MBBS.(QLD) FRACGP  
**DR DAVID BROWN**  
 MBBS, MRACGP  
**DR HELEN ISRAEL**  
 MBBS, FRACGP, Dip PAED.  
**DR KATHERINE DENT**  
 MBBS, FRACGP, FARGP, ADD, ARSCSA,  
 CERT. TRAVEL HEALTH  
**DR RENATA RAMS-HARVEY**  
 MD, FRACGP, DRANZCOG, GCertTravM  
**DR THERESA DENHAM**  
 MBBS, FRACGP  
**DR SIMON MURRAY**  
 MBBS, MPH, FRACGP, CERT. TRAVEL  
 HEALTH



ROSALIE MILTON CLINIC

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 Auchenflower  
 Queensland 4066

Telephone: 07 3369 5433

Fax: 07 3369 5005

After Hours: 0412 787 561

Email:reception@rosaliemc.com.au

## TRANSFER OF PATIENT MEDICAL RECORDS REQUEST

**To:** Previous Clinic: \_\_\_\_\_

Previous Doctor: \_\_\_\_\_

Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

THE FOLLOWING PATIENT/S IS NOW ATTENDING ROSALIE MILTON CLINIC AND REQUEST THAT THEIR MEDICAL RECORDS ARE FORWARDED TO OUR CLINIC.

PATIENT FULL NAME_(print)	ADDRESS	DATE OF BIRTH

OTHER FAMILY MEMBERS Name	ADDRESS	DATE OF BIRTH (under 16years)

IT WOULD ASSIST WITH THIS PATIENTS ONGOING CARE IF YOU WOULD BE ABLE TO PROVIDE THE FOLLOWING INFORMATION

- Health Summary
- Care Plan Last assessment date
- Specialist Letters
- Other \_\_\_\_\_

I, \_\_\_\_\_ am now attending Rosalie Milton Clinic and I hereby authorise you to forward my records to DR \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

IT WOULD BE APPRECIATED IF YOU COULD SEND VIA MEDICAL OBJECTS OR FAX THE RECORDS ON 07 3369 5005.