

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 THERESA DENHAM
 MBBS, FRACGP



ABN 99 614 512 300

ROSALIE MILTON CLINIC

104A Haig Road
 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, EMAIL THE XML FILE FROM BEST PRACTICE OR FAX THE RECORDS ON **07 3369 5005**. THANK YOU.