



154 Lime Ave
Mildura VIC 3500
PHONE: 03 50235122 FAX: 03 50234680

REQUEST FOR TRANSFER OF PATIENT FILES

**DR J DYSON-BERRY
DR R L MEYER
DR KENNETH NEVILLE**

**DR DANIEL EDGE
DR DEEPA VENUGOPAL
DR AMNA SALMAN**

**DR DAVID FANG
DR MANDEEP KAUR**

Previous Doctor: _____

Dr's Address: _____

City: _____ **State:** _____ **Postcode:** _____

Tel: _____ **Fax:** _____

The following patient /s are now attending this Practice. Please forward copies of all relevant Medical history for our records.

Please include recent GP Management, Team Care Arrangements, Recent Investigations and Specialist Reports and Permits.

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Name: _____ **DOB:** _____

Patients 'previous postal address: _____

I hereby authorise the transfer of my medical records, and that of the listed family members to the Lime Medical Wentworth, Wentworth. NSW. 2648

Patient Signature **Dated** ____/____/____

Yours Sincerely,

Dr Name _____ **Dr Signature** _____ **Dated** ____/____/____

The Lime Medical Clinic is environmentally aware and encourages the transfer of patient files electronically to save paper. We use Best Practice Software and can accept patient files in XML format. If you would like some assistance with this feel free to contact our Practice Manager