



Shop MM002, Cranbourne Park Shopping Centre
 High Street, Cranbourne. VIC 3977
 PH: 03 5995 3700 Fax: 03 5995 3733
 http://www.cranbourneparkfcc.com.au

TRANSFER OF MEDICAL RECORDS

To (Practice/Hospital):

Phone:

Fax:

To Whom It May Concern,

The patient(s) whose details are given below is now consulting at Cranbourne Park Family Care Clinic. Please kindly forward a full copy of their clinical record as authorised below.

Please provide all documents in XML Disc or hard copy format.

Yours faithfully,
 Cranbourne Park Family Care Clinic

SPECIFIC INFORMATION REQUIRED
 (If applicable)

I (name), D.O.B:

of (present address):

Notes:

I hereby give permission for you to release my medical records to Cranbourne Park Family Care Clinic.

Signature: Date:

Additional Family Members

** Note: Patients over 18 years of age must complete their own Transfer Request as per the Privacy Act, 2002.*

	D.O.B:
	D.O.B:
	D.O.B:
	D.O.B:
	D.O.B: