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Request for Copy of Medical Records

Regular Doctor's (GP) name:

Clinic name:

Clinic Address:

Ph: Fax:

Dear Doctor, regarding:

Patient Name: Date of Birth:

Address:

The above mentioned is attending this practice for an opinion regarding a musculoskeletal complaint (but would like their file to remain active at your clinic). Would you kindly forward their clinical records or an accurate health summary, with relevant correspondence and results, to assist in our joint contribution to management of this patient. These records can be forwarded by mail or fax. The patient's signed authority appears below.

Yours sincerely,

Doctor:

PATIENT'S AUTHORITY

I (Patients full name)

Request that my health summary/patient record be forwarded to Suite 9, Level 3, 214 BURGUNDY ST HEIDELBERG ,3084

Signed: Date:

Office Use Only:

Date Record/Summary Received: _____