Associates:
Dr James Taylor
MBBS LLB FRACGP, Member SMA
Prov 218901FL
Dr Tracy Shang
MBBS DCH FRACGP, Member SMA
Prov 272166EB

AUSTRALIAN SPORTS DOCTORS

Australian Sports Doctors
Suite 3, Level 5, 10 Martin Street,
Heidelberg VIC 3084
Phone: 9455 1112 Fax: 94553736
admin@sportsdocs.com.au
www.sportsdocs.com.au

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 3, Level 5, 10 Martin Street HEIDELBERG,3084

Signed: ..... Date: .....

Office Use Only:

Date Record/Summary Received: _____