



Request for Medical Records Transfer

Wilton Medical Centre
 Shop T1-T2, 1 Greenbridge Drive, WILTON, NSW 2571
 Phone: (02) 4630 9900 Fax: (02) 4610 5982
 Email: admin@wiltonmedical.com.au

Date:

Dear Dr:

Patient full name (print)	Address	DOB

Other family members (if under 18 years of age)	Address	DOB

The above mentioned now attends this practice. To assist in their future medical management. Would you kindly forward: (tick option)

- Please do not send original documents
- Their clinical records
- An accurate health summary, with relevant correspondence and results,
- Details of any CDM or PIP Items claimed within the last 2 years. (eg GPMP)

These records can be forwarded by:
(tick option)

- Mail
- Fax
- Encrypted email (PKI)
- Non- rewritable CD.

Or electronic version format should be:
(tick option)

- HTML
- XML

Patient Signature-----

Doctor