



## Request for Medical Records Transfer

My Family Health Medical Centre - Willowdale  
 Shop 9, Willowdale Shopping Centre, Willowdale Dr  
 East Leppington NSW 2179  
 Ph: (02) 8305 3050 Fax: (02) 8305 3051  
 Secure Email: admin@myfamilyhealthmc.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**