



Albert St Medical Centre
Phone: (02) 6552-5533
Fax: (02) 6552-4249
Email: admin@albertstmc.com
Address: 78 Albert Street, PO Box 834,
Taree NSW 2430

REQUEST FOR MEDICAL RECORDS

Date: _____

Dr: _____

Address: _____

Phone: _____ Fax: _____

Dear Doctor, _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

ADDRESS: _____

This/these patient/s is/are now attending this practice and has requested that you kindly send their medical records to the above address. Could you please advise us of the dates of any Assessments/Care Plans and/or reviews of Assessments/Care Plans that may have been completed whilst patient was under your care.

GPMP	Date: / /	45-49 year check	Date: / /
TCA	Date: / /	Asthma Incentive	Date: / /
GP Mental Health Plan	Date: / /	Medication Review	Date: / /
Diabetes Cycle of Care	Date: / /	CMA	Date: / /
>75 Health Assessment	Date: / /	Healthy Kids Check	Date: / /

IF SENDING RECORDS ON CD COULD YOU PLEASE MAKE SURE THAT IT IS IN XML FORMAT.

Thank You

Yours faithfully, _____

For: _____ Dr: _____

Albert St and Harrington Medical Centre

Please forward my files as requested:

Patient Signature: _____