



MANLY VILLAGE MEDICAL

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REQUEST FOR TRANSFER OF MEDICAL RECORDS

- | | | |
|--|---|--|
| <input type="radio"/> Dr Dale Garred Provider No. 4479529T | <input type="radio"/> Dr Peter Pham Provider No. 4912533K | <input type="radio"/> Dr Orla Barry Provider No. 5387675J |
| <input type="radio"/> Dr Bern-Mari van der Merwe Provider No. 5527892Y | <input type="radio"/> Dr Rebecca Levy Provider No. 408292DJ | <input type="radio"/> Dr Maria Nicolaou Provider No. 476552EW |
| <input type="radio"/> Dr Christina Cruz Dizon Provider No. 437110KK | | <input type="radio"/> Dr Timothy Haydock Provider No. 5954945T |

Previous Practice Name: _____

Previous Doctor: _____

Phone: _____ Fax: _____

Dear Doctor,

Re: (Patient Name): _____

DOB: _____

ADDRESS: _____

As this patient now attends this surgery, we would therefore be grateful for you to forward relevant past details or information that may be helpful in continuing management as soon as possible.

- Patient Health Summary
- Full Patient History
- Other
- Pathology/Imaging provider used: _____

** Could you also please advise if any of the following item numbers have been performed and the appropriate dates:

- Chronic Disease Management Plan: Item No. 721 and/or 723 _____
- Review of Chronic Disease Management Plan: Item No. 732 _____
- Health Assessment: Item No. 707 _____
- Mental Health Care Plan: Item No. 2715/2717 _____
- Review of Mental Health Care Plan: Item No. 2712/2713 _____
- Other: _____

****THIS PRACTICE PREFERS TO RECEIVE CORRESPONDANCE BY MEDICAL OBJECTS****

I/We authorise the release of my medical records to Manly Village Medical.

Signed: _____ Date: _____