



MANLY VILLAGE MEDICAL

25 Cambridge Parade
Manly, QLD, 4179
Phone: 07 3396 2141 Fax: 07 3396 6058
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www.manlyvillagemedical.com.au

REQUEST FOR RELEASE OF PATIENT INFORMATION

Requesting Doctor:

- | | | |
|--|---|--|
| <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 |

Hospital/Specialist: _____

Phone: _____ Fax: _____

Re: (Patient Name) _____

DOB: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Please send the following information regarding the above mentioned patient:

- Diagnosis
- Procedure/Consultation Notes
- Test Results/Imaging Reports
- Emergency Department Discharge Summary
- Medication Summary
- Other _____

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

I hereby give authority for the release of information concerning myself, as requested by Manly Village Medical.

Signed: _____ Date: _____