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REQUEST FOR RELEASE OF PATIENT INFORMATION

Requesting Doctor:

- Dr Dale Garred Provider No. 4479529T
- Dr Bern-Mari van der Merwe
 - Provider No. 5527892Y
- Dr Peter Pham Provider No. 4912533K
- Dr Rebecca Levy Provider No. 408292DJ
- Dr Timothy Haydock Provider No. 5954945T
- Dr Orla Barry Provider No. 5387675J
- o Dr Maria Nicolaou Provider No. 476552EW

Hospit	al/Specialist:		
Phone	:	Fax:	
Re: (Pa	atient Name)		
DOB: _		-	
Addres	ss:		
Suburk	o:	State:	Postcode:
Please	send the following information regar	rding the above mentioned pa	atient:
	Diagnosis		
	Procedure/Consultation Notes		
	Test Results/Imaging Reports		
	Emergency Department Discharge S	Summary	
	Medication Summary		
	Other		
	THIS PRACTICE PREFERS TO RE	CEIVE CORRESPONDANCE BY MI	EDICAL OBJECTS
I herek Medic	by give authority for the release of infal.	ormation concerning myself,	as requested by Manly Village

Signed: ______ Date: _____