



MANLY VILLAGE MEDICAL

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REQUEST FOR TRANSFER OF MEDICAL RECORDS

- | | | |
|--|---|---|
| ○ Dr Dale Garred
Provider No. 4479529T | ○ Dr Peter Pham
Provider No. 4912533K | ○ Dr Orla Barry
Provider No. 5387675J |
| ○ Dr Bern-Mari van der Merwe
Provider No. 5527892Y | ○ Dr Rebecca Levy
Provider No. 408292DJ | ○ Dr Maria Nicolaou
Provider No. 476552EW |
| ○ Dr Timothy Haydock
Provider No. 5954945T | ○ Dr Soo Bin An
Provider No. 5973496K | ○ Dr Soo Ji Park
Provider No. 507107FH |

Previous Practice Name: _____

Previous Doctor: _____

Phone: _____ Fax/Email: _____

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 – send via XML format if possible please.
- ☐ 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. 965 _____
- Review of Chronic Disease Management Plan: Item No. 967 _____
- Health Assessment: Item No. 707, 705, 703 _____
- Mental Health Care Plan: Item No. 2715/2717 _____
- Other: _____

****THIS PRACTICE PREFERS TO RECEIVE CORRESPONDANCE BY MEDICAL OBJECTS OR IN XML FORMAT****

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

Signed: _____ Date: _____