



MANLY VILLAGE MEDICAL

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REQUEST FOR RELEASE OF PATIENT INFORMATION

Requesting Doctor:

- | | | |
|--|---|---|
| ☐ 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 |

Hospital/Specialist: _____

Phone: _____ Fax/Email: _____

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 OR IN XML FORMAT****

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

Signed: _____ Date: _____