

**Request for Transfer of Medical Records**

TO

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Dear Doctor,

Patient Name

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DOB

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Address

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The above patient/s is now attending Queen Street Medical Centre.

On behalf of the patient, we request that you please send the patient's health records to the Practice, as per the above details. We can accept file transfer via Medical Objects.

*\*If the patient has had a **GP Management Plan/Team Care Arrangement, Mental Health Care Plan or Health Assessment** completed with your Practice could you please send the most recent of these documents.*

**Patient signature**

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**Date**

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