

# LINDFIELD MEDICAL PRACTICE

Suite 4/345 Pacific Highway LINDFIELD NSW 2070

Dr Richard Gordon	Provider No: 0049366J	Dr Paul Schnitzler	Provider No: 0603807X	Dr Annabel Snodgrass	Provider No: 0643588F
Dr Mardi Jarrett	Provider No: 95576CA	Dr Emily Ho	Provider No: 224396CW	Dr Marcella Sindler	Provider No: 042203CB
Dr Christopher Lee	Provider No: 475339GX	Dr Caroline Jenner	Provider No: 2258288K	Dr Jill Gordon	Provider No: 0049317H
Dr Eric Pugliesi	Provider No: 417141PL	Dr Bernadette Kua	Provider No: 247711MF	Dr Pinky Mili	Provider No: 271778JB

## TRANSFER OF MEDICAL RECORDS

Dear Dr:.....of

Medical Practice Name:.....

Medical Practice Address:.....

.....

We wish to advise you that the following patients(s) listed below are now attending this Practice. Would you kindly forward a copy of their medical records (or a complete and accurate health summary) and any other relevant clinical information to Lindfield Medical Practice. **We use Best Practice Software so if available please forward via disc or USB using XML format. Alternatively, by Argus download linmed@argus.net.au.**

**Patient (full name):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Please include other members of my family (18 years and under) as listed:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Patient consent

I, \_\_\_\_\_ consent to the release of my medical records and any other relevant clinical information to Lindfield Medical Practice.

Patient name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If not patient signing – name: (please print) \_\_\_\_\_

Your relationship to patient: (e.g., Mother, Father, guardian, carer) \_\_\_\_\_