

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 Jonathan You	Provider No: 227545CX	Dr Marcella Sindler	Provider No: 042203CB
Dr Louise King	Provider No: 80578DJ	Dr Caroline Jenner	Provider No: 2258288K	Dr Jill Gordon	Provider No: 0049317H
Dr Emily Ho	Provider No:224396CW	Dr Christopher Lee	Provider No:475339GX	Dr Eric Pugliesi	Provider No: 417141PL

Telephone: 9416 1348 Facsimile: 9416 3303 ABN: 25580489396

TRANSFER OF MEDICAL RECORDS

Dear Dr:.....of

Medical Practice Name:.....

Medical Practice Address:.....

.....

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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) _____