



Shop 125-126 Centro Toombul  
1015 Sandgate Road, Toombul Qld 4012  
Ph: 3266 1515 Fax: 3266 4086  
practice.manager@toombulfamilyclinic.com.au

### REQUEST FOR MEDICAL RECORDS

DATE:     /     /

Dear Doctor,

DR/CLINIC NAME:
ADDRESS:
PHONE NUMBER:
FAX NUMBER:

The patient/s below are now attending this practice. To assist with the ongoing care of this patient we would like to request a copy of the patient's medical file.

The patient is seeing Dr:.....                      Provider Number: .....

Patient Name: .....                      DOB: .....                      Signature: .....
Patient Name: .....                      DOB: .....                      Signature: .....
Patient Name: .....                      DOB: .....                      Signature: .....
Patient Name: .....                      DOB: .....                      Signature: .....
Current address for above patient/s: .....
Next booked appointment: .....
<p>Prompt response of this request will ensure that the patient's care is continued without disruption. <b>MD exchange/Medical Objects and paper files are preferred by this practice please.</b></p>

Thank you for your assistance.