

Royal Park Medical Request for Medical Records

243 Flemington Rd, North Melbourne VIC 3051 ☎: 03 8301 5500 FAX: 03 9328 2268

Dear Doctor,

This patient will be attending Royal Park Medical. We would appreciate if you could kindly provide us with a copy of his/her full medical history, including:

☐ Relevant medical history

☐ Medication summary, including allergies

☐ Specialist correspondence

☐ Immunisation history

☐ Recent investigation results

Please forward via disc in XML format (preferred), via FAX on 03 9328 2268 or by mail.

Yours Sincerely,

Dr _____

PATIENT'S CONSENT TO RELEASE MEDICAL RECORDS

I

(Name of Patient)

.....

(Date of Birth)

.....

of

(Address of Patient)

.....

(Patient Signature)

.....

(Date)

.....

authorise

(Name of Previous Doctor)

.....

(Address of Previous Doctor)

.....

(Suburb & Postcode)

.....

(Phone number)

.....

(Fax Number)

.....

to release a copy of my health record to Royal Park Medical.

Office Use Only:

Date Requested: _____

Date Received: _____