



Date:

To:
.....
.....

Re:

Date of Birth:

Former Address:
.....
.....

Dear Doctor

The above patient is now attending this practice. We would appreciate it if you would forward on a copy of their previous history to the above address.

If sending the history on disc, please ensure it is saved as a PDF file as we cannot accept any other file types.

Yours sincerely

BACCHUS MARSH MEDICAL CENTRE

Igive my permission for my medical records to be released to the Bacchus Marsh Medical Centre.

Patients Signature:

Date:

“Integrated rural health care”