

Request For Patient Medical Records

Dear Colleagues

The patient below has started attending Saltwater Medical. We would appreciate if you could arrange to transfer their medical records, as indicated below, and thank you for your assistance in this matter.

With thanks from the team at Saltwater Medical

Request By: Dr Nicola Kettleton-Butler Dr Thanu Shekar Dr Deborah Vercoulen
 Dr Aaron Lewis Dr Rick Allen Dr Eddie Hinch Dr Lucy Crosland

PREVIOUS GP / DOCTOR / SPECIALIST

Doctor

Practice Name

Phone

Fax

PATIENT DETAILS

Given Name

Surname

Date of Birth

Address

State Postcode

INFORMATION REQUIRED

Health Summary

Pathology

Imaging

Specialist Letters

Hospital Discharge Letters

Progress Notes

Full Patient Record

PATIENT CONSENT / DOCTOR REQUEST

I, the above-named patient, consent to the release of my health information to the healthcare provider making this request.

Patient Signature

It is impracticable to provide patient consent at the time of this request. I verify that I am treating this patient and require the information for their ongoing medical treatment

Doctor Name & Signature