

# 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***

### Requested by:

- ☐ Dr Nicola Kettleton-Butler
 ☐ Dr Rick Allen
 ☐ Dr Deb Vercoulen
 ☐ Dr Lucy Crosland  
☐ Dr Christopher Wilson
 ☐ Dr Caitlin See
 ☐ Dr Laura Christie
 ☐ Dr Martin Huynh
 ☐ Dr Katie Machin

### 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

 / 


Time



Care



Experience