

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 Katie Machin
 Dr Christopher Wilson
 Dr Alex Oram
 Dr Scott Alford
 Dr Jo Chappell
 Dr Rachael Ellis

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 /



saltwater
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 Time
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  Experience