



Address: 11-12 Burwood Court, Narre Warren 3805

Email: info@parkviewclinic.net

Web: www.parkviewclinic.net

Tel: (03) 9796 6888 Fax: (03) 9796 7686

TRANSFER OF MEDICAL RECORDS REQUEST FORM

Dr Philip Carter
Dr Susan Wang
Dr Damitha De Lanerolle
Dr Sukhwant Mundae
Dr Mansoor Qureishi

To

.....

.....

Fax / Email

Dear Doctor,

Please forward a copy on disk or print out of all relevant medical information of the patient mentioned below as they are now attending our clinic. We prefer XML format – We use Pracsoft/Medical Director Software.

Regarding Patient

Name

Date of Birth

Address

.....

.....

.....

Phone.....

Authority and consent to release medical information to Parkview Clinic

Signed

Date

Full Name