Parkview Clinic

11-12 Burwood Court
Narre Warren VIC 3805
Ph: 9796 6888 Fax: 9796 7686
Email: info@parkviewclinic.net

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

To: …… Phone: ……

…… Fax/Email: ……

……

The following patient is now attending this clinic and has requested that their medical records be transferred to the above address at your earliest convenience.

We use Medical Director. We prefer emailed copy in XML Format. Records may also be sent on disc in XML format. You can email records to info@parkviewclinic.net

Please advise the patient directly if there is a charge for the clinical file to be transferred.

Patient Details:

Name: …… Date of Birth: ……

Phone/Mobile: ……

Dependent/s (under 16 years old):

Name: …… Date of Birth: ……

Name: …… Date of Birth: ……

Name: …… Date of Birth: ……

Name: …… Date of Birth: ……

Authority and consent to release medical information to Parkview Clinic

Signed: …… Date: ……

Full Name: ……

Address: ……