Request for Medical Records Transfer

NEW STREET MEDICAL CENTRE

Medical Records to be transferred from:

Doctor: _____

Clinic Name: _____

Address: _____

Patient:

Name: _____

Date of Birth: _____

Address: _____

_____

This patient is now attending our centre and has requested their medical records be transferred. Our clinic uses Medical Director. Please send via:
Secure electronic transfer through [E-transfer platform] to New Street Medical Centre in XML file if using MD, or
Send by mail (USB) in XML format if using MD, or
Shared via secure email PDF to reception@newstreet.com.au.
DO NOT SEND Best Practice xml format or HTML format.

If you use another program, please send an electronic copy of the medical records in PDF format or a Patient Health Summary.

In particular, we ask that you send the following information:

- Patient Health summary
- Recent specialist letters
- Name of past pathology company tests have been processed by
- Recent x-rays

Please also include histories of the following family members:

Name: _____ *DOB:* _____

Name: _____ *DOB:* _____

Name: _____ *DOB:* _____

Thank you for your assistance.

NEW STREET MEDICAL CENTRE - 393 New Street BRIGHTON VIC 3186

PATIENT DECLARATION

I _____ authorise the release of my records.
(Full Name)

Please send to _____
(Receiving Doctor/Clinic name/reception@newstreet.com.au)

Signed: _____ Date: _____