



**Dr M Mostofa**  
MB BS, M Med (Family Medicine)  
FRACGP  
Provider No: 240309DL

**Dr Kingsley Rajasingham**  
MB BS, FRACGP  
Provider No: 204827EY  
& Associates

28 George St Moe. Vic. 3825  
PO Box 1034, Moe Vic 3825  
Phone: 0351 279 800  
Fax: 0351 272 022  
Email: [medicalrecords@cgfp.com.au](mailto:medicalrecords@cgfp.com.au)  
Argus: [argusreports@cgfp.com.au](mailto:argusreports@cgfp.com.au)

### **Request for Medical Records Transfer**

The below patient is now attending our practice. It would be greatly appreciated if you could please supply a full copy or health summary of any relevant medical notes you may have regarding this patient.

We would appreciate electronic files in XML format. (Best Practice Software compatible)

Please also include any immunisation, care plan and health assessment history.

Clinic details:		
Patient full name:	Patient address:	Date of birth:

### **Permission to Obtain Medical Records**

I hereby consent for Central Gippsland Family Practice to obtain a copy of my medical records from your surgery.

Patient Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_