

INGLEWOOD MEDICAL CENTRE

Dr Colin Owen AO, MBBS (Qld,) FACCRM, FRCGP, FRACGP, FAMA, D.Obst., RCOG	Dr Nicholas Dore MBBS (Qld)	Dr Bennett Naprasnik MBBS (Qld)	Dr Thomas Kidston MBBS (Qld)
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PATIENT TRANSFER
REQUEST FOR MEDICAL RECORDS

TO: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PATIENT DETAILS

NAME: _____ D.O.B. _____

NAME: _____ D.O.B. _____

The above named person(s) is/are now attending the Inglewood Medical Centre. To facilitate ongoing care, we would be grateful if you could forward medical records, copies thereof, or summaries at your earliest convenience. Attached is a signed release to this effect.

***** **If relevant, could you please fill in the boxes below** *****

Item	Date Last Claimed
Diabetes Management	
GPMP (Item 721)	
Review of GPMP (Item 732)	
Team Care Arrangement (Item 723)	
Review of TCA (Item 732)	
Closing the Gap (Item 715)	
4 Year old kids check (Item 705,707)	
Mental Health Care Plan (Item 2715)	

Dr C.E. Owen _____ Dr Bennett Naprasnik _____

Dr Nicholas Dore _____ Dr Thomas Kidston _____

Patient Consent:

To whom it may concern:

I hereby request and authorise you to forward my medical records, copy, or summary thereof, to the Inglewood Medical Centre.

I understand this information will be used in my further medical management.

Signed: _____

Date: _____

57 Albert Street PO Box 116 INGLEWOOD QLD 4387 ABN 34 4519 18493	TELEPHONE (07) 4652 1160 FACSIMILE (07) 4652 1560 Email: reception@inglewoodmc.com.au
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