



Manuka Medical Centre

Request for Medical Records Transfer

To: _____

Ph: _____ Email/Fax: _____

Patient	Date of Birth	Medicare Number
Other family members (if under 18 years of age)		

We wish to advise you that the patient above is now attending Manuka Medical Centre. We would appreciate it if you could please forward us their medical records (including but not limited to: specialist letters, imaging reports and pathology) to enable their continuing care. Our practice utilises Best Practice so XML files are preferred.

Please advise the last date performed:

Item Number:	Date Billed
721/723	
732	
2700	
2712	
2715	
2717	
707	

The pathology laboratory commonly used by your clinic would also be appreciated

PATIENTS DECLARATION

I, _____, request and authorise that my medical history, including copies of any relevant documentation (e.g. specialist, pathology and imaging reports) be forwarded to Manuka Medical Centre, 1/19 Furneaux Street, Manuka ACT 2603

Signature _____ Date _____

Signature _____ Date _____

1/19 Furneaux Street, Griffith ACT 2603

Ph: 02 6295 8045 Fax: 02 6239 5990