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Doctor: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Dear Doctor,

I/We have recently been seen at EBM Family Medical Practice. I/We would be grateful if you could forward a copy of our Medical Records/Updated Summaries and Specialist Letters to this practice.

Please include copies of any GP Management Plans, Home Health Assessments, etc completed within the last 12 months or any relevant information you feel could be of assistance.

Thank you for your assistance.

I am also aware that my previous surgery may charge for copies of my full records.

Patients Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patients Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patients Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patients Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

*Signatures for Patients 16 & over*

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