

Suites 2, 3 and 6
Kenmore Medical Centre
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Request for Medical Records

Date: _____

Request to: _____

Fax number: _____

We wish to advise that the patient(s) listed below are now attending our practice. To ensure continuity of care, it is requested that their medical records be transferred to us as soon as possible.

Patient Surname: _____

Address: _____

First Name: _____ Date of Birth: _____

First Name: _____ Date of Birth: _____

First Name: _____ Date of Birth: _____

First Name: _____ Date of Birth: _____

Patient Signature: _____ **Date:** _____

Our practice uses Best Practice medical software – we would prefer files be sent via CD or sent electronically via Medical Objects if possible. Where a fee applies we would appreciate that you contact the patient directly to discuss this and that a Health Summary be faxed to us to assist in providing ongoing care.

Please fax to the number shown above or if sending via Medical Objects please send to:

- | | |
|--|--|
| <input type="checkbox"/> Dr Nicholas Bourke | <input type="checkbox"/> Dr Richard Johns |
| <input type="checkbox"/> Dr Candice Beaven | <input type="checkbox"/> Dr Abu Kamal |
| <input type="checkbox"/> Dr Kerry Coakley | <input type="checkbox"/> Dr Tiffany Litvine |
| <input type="checkbox"/> Dr Elizabeth Davies | <input type="checkbox"/> Dr Gillian McSweeney |
| <input type="checkbox"/> Dr Tahsina Haque | <input type="checkbox"/> Dr Matthew O'Sullivan |
| <input type="checkbox"/> Dr Fabian Jaramillo | <input type="checkbox"/> Dr Johanna Sabogal |
| <input type="checkbox"/> Dr Ralph Joyce | |

S:\Front Desk\Front Desk Forms\Patient File Transfers\File from other practice.docx

