Peppertree GP

Peppertree GP
Shop 7, 12 Peppertree Road,
Medowie 2318
Ph: 8378 4206 Fax: 8378 4207
reception@peppertreegp.com.au

TRANSFER OF MEDICAL RECORDS FORM

Date: ______________________

DOCTOR DETAILS

Doctor: ________________________________ **Doctor Surgery:**________________________________

Practice Address: ____

Phone:_____________________________________ **Fax:** ______________________________________

PATIENT DETAILS

Patient (full name): ____

Address: ____

Date of Birth: ____

Dear Doctor

Re: Request for transfer of patient medical records
The patient listed below now attends Peppertree GP.
To assist in the continued management of their healthcare, we kindly request that you please send us their:

Health Summary ☐

Full File ☐ *Most doctors charge a fee to transfer full records. Please contact them to arrange payment.*

PLEASE NOTE: WE WILL ONLY ACCEPT MEDICAL INFORMATION ELECTRONICALLY OR ON A USB IN XML FORMAT

FOR CONTINUATION OF CARE, PLEASE ADVISE DATES OF LAST BILLING FOR THE FOLLOWING ITEM NUMBERS:

721: ________________ 701,703,705,707: _______________
723: ________________ 715: ________________
732: ________________

Patient consent

I consent to the release of my medical records, Medicare item number claims and any other relevant clinical information to Peppertree GP Medical.

Patient name: (please print) ____

Signature: ____Date: __________________________

If not patient signing – name: (please print) ____

Your relationship to patient: (e.g. Mother, Father, guardian, carer) ______________________________