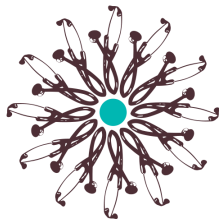


Adelaide Health Care

43 Carrington Street
ADELAIDE SA 5000
PHONE: (08) 8410 0774
FAX: (08) 8410 0779



adelaide health care

REQUEST FOR TRANSFER OF RECORDS

DATE: _____

DEAR DOCTOR: _____

OF (CLINIC NAME IF KNOWN): _____

PHONE NO.: _____

FAX NO.: _____

The following patient is now attending this practice for their ongoing medical care:

NAME: _____

DOB: _____

ADDRESS: _____

I hereby give consent for the release of my medical information, as specified, to Adelaide Health Care.

SIGNATURE: _____ **DATE:** _____

If Patient is under the age of 16, please provide details of person providing consent.

Parent/Caregiver Name: _____

OFFICE USE ONLY

It would be appreciated if you would forward :
A complete copy of their medical records (if you have Best Practice or Medical Director, please provide notes on CD in XML format).
Including the following:

- Health summary
- All specialist letters
- Pathology results
- Other _____
- X-ray results
- Any other relevant information

On return of records, please advise on most recently billed dates for the following:

- 701 Date: _____
- 703 Date: _____
- 705 Date: _____
- 707 Date: _____
- 721,723 Date: _____
- 900 Date: _____
- 2712 Date: _____
- 2715 Date: _____

- Dr Jemma Elliott
262472JK
- Dr Julia Chan
2473738K
- Dr Annabelle Hocking
297813TT
- Dr Helen Mullner
2317037T
- Dr Kirsty Anderson
2416946J
- Dr Kate Le Cong
262281LA
- Dr Keith Brewerton
030266CT
- Dr Robyn Seto
409360JH
- Dr Carmel Reynolds
247011KX
- Dr Wendy Wen
5097497B
- Dr Natasha Nottingham
5244076J
- Dr Claire Riebeling
447280AH
- Dr Amra Ukera
234690NH
- Dr Emma Rischbieth
6076576F
- Dr Phillip Wilson
539011TF
- Dr Alexandra 'Githie' Barrett
5068855T
- Dr Thomas 'Tom' Ung
5243919A
- Dr Judy Zhu
538056TW
- Dr Rebecca Mitchell
4109227W
- Dr Cristina 'Tina' Valero
510400FK
- Dr Mayuri Haribhai
5681153J