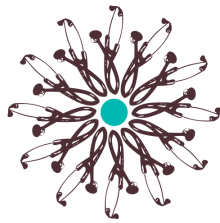


Adelaide Health Care

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 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 Sean Black-Tiong
5047709Y

Dr Mayuri Haribhai
5681153J