



**Request for Medical Records Transfer**

Date:.....

To:..... [Doctor]

.....[Medical Practice]

Phone:.....

Fax:.....

Requesting Doctor:

- Dr Conor Calder-Potts                       Dr Emma Bourke                       Dr Adam Currey
- Dr Joanne Martin                               Dr Celeste Burgoyne                       Dr Nathan Ruge
- Dr John de Laat

The Patient(s) listed below is/are now attending this practice. Could you kindly forward their clinical records / an accurate health summary / other: ..... to assist in the future management of this patient.

Please find below the patient’s authorisation for release of records.

I hereby agree to the transfer of my medical record to:  
Shaw Road Medical Centre Ph: (07) 3260 7525 Fax: (07) 3256 7233

..... (Signature)

**Print Name**

**D.O.B**

.....

.....

.....

.....

.....

.....

Item Number		Date Billed	Patient Name
701 - 707	Health Assessment		
721	GP Management Plan		
723	Team Care Arrangement		
732	GPMP or TCA Review		
2715 / 2717	Mental Health Plan		
2712	Mental Health Plan Review		

Please note this practice is set up with Medical Objects to receive and send records. If your practice uses Best Practice, we would appreciate if you could export the file using XML format and email to [admin@shawroadmedical.com.au](mailto:admin@shawroadmedical.com.au).

Thank you.