



Transfer of Medical Records between Doctors

Date: _____

Dear Dr _____

Practice name: _____

Phone: _____

Email: _____

The below patients are now attending this practice and have made a request for their medical records to be transferred. Could you please forward a copy of their full medical history, including relevant reports and letters. **We use Best Practice software and would prefer the files in XML format.** XML files can be emailed directly (or via Dropbox/WeTransfer) to assistantmanager@cremornemedical.com.au, or posted on a USB/disc. Please contact us, or Best Practice support, if you require information on how to complete this.

If your practice charges a fee to patients for transferring medical records, please send a health summary in the interim via email to reception@cremornemedical.com.au

Thank you for maintaining continuity of this/these patient/s medical care.

The Reception Team

Cremorne Medical Practice

Patient's Consent:

I hereby authorise Cremorne Medical Practice to request the transfer of my personal medical records on my behalf.

Patient's Name:

Date of Birth:

Signature (if 16 years old and over):

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Dr Margaret Hamilton

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MBBS (Hons)(Syd) FRACGP
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