



**Belair**  
FAMILY HEALTH CENTRE

**FAMILY PRACTICE IN THE HILLS**

459 Belair Road, Belair SA 5052  
Phone: 8278 8900 Fax: 8370 3499  
www.belairfamilyhealthcentre.com.au

Dr Tracy Noble  
Dr Karen Nicklen  
Dr Coen Strydom  
Dr Anahita Doctor

Date : .....

To: .....  
.....  
.....  
.....

Dear Dr

RE: ..... D.O.B .....

This patient is now attending the Belair Family Health Centre, and has requested that copies of the relevant information from their medical history be forwarded to us. This will greatly assist us with further management.

The Patient's signed authority is attached below.

Thank you in anticipation for your help.

Yours faithfully,

Dr .....

I ..... Authorise the release of medical information from my files at your surgery, to be sent to the above address.

Signed .....