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## REQUEST OF TRANSFERRING PATIENT INFORMATION

To Clinic: .....

Date : .....

Dear Dr. ....

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

ADDRESS: .....

.....

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 .....

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

Signed .....

**Our Software is "Best Practice Orchid" and we would prefer to receive USB in XML format, rather than paper, if**