PO Box 2516

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**REQUEST FOR RECORDS**

Dr Iain Stewart Mb ChB DRCOG Dr Karen Norsworthy MBBS Dip RACOG

Provider Number 0396917H Provider Number 0392778A

Dr Philip Ousby MBBS Dips Obs RACOG FRACGP Dr Simmy Arora MBBS FRACGP

Provider Number 2880251L Provider Number 4685177X

Dr Smita Gupta MBBS FRACGP Dr Alicia Reyes MBBS

Provider Number 415089QJ Provider Number 5198781B

Dear Doctor

Address

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Doctor

I, Date of Birth

Address

Am now attending Good Health Greenhills and give my permission for my medical records/ reports to be released to the medical practitioner stated below. Please include all relevant specialist reports, operation reports, X-ray / Ultrasound reports, Immunisation record and most recent pathology.

**Please note: We accept patient records on disc in xml format only**

***It is important these be forwarded to the surgery with 28 days of receiving this to ensure that the patient(s) receives the correct medical treatment.***

***Thank you***

Patient’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting Doctor

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_