



Burton Street Family Practice

23 Burton Street
Bentley WA 6102

Dr Murray Dougall
Dr Melissa Hannan
Dr Tom Owen

Telephone: 9458 4558
FacSimile: 9458 4556

Dr William Remedios
Dr Maureen Evans
Dr Olga Ward

Request for Medical Records Form

Date: _____

To: _____

We wish to advise that the patient(s) listed below are now attending our practice. To ensure continuity of care, could you please forward their medical records in order to assist in our management of this patient(s).

Patient Name: _____ DOB: ____ / ____ / ____

Address: _____
_____ Post Code: _____

I hereby give consent for the transfer of medical records to Burton Street Family Practice.

Signature: _____
(parents can only sign on behalf of children under 16 years of age)

Name: _____ DOB: ____ / ____ / ____

Signature: _____

Name: _____ DOB: ____ / ____ / ____

Signature: _____

Name: _____ DOB: ____ / ____ / ____

Signature: _____

Name: _____ DOB: ____ / ____ / ____

Signature: _____

Records can be forwarded on a disc by mail, email (burtonst@burtonst.com.au) or by Healthlink (EDI: burtonfp). If you use Medical Director 3, please forward the .xml file, if not please send the .html file and ensure all documents are exported.

Yours sincerely,

Dr _____