
# Burton Street Family Practice

23 Burton Street
Bentley WA 6102
WWW.burtonst.com.au

Telephone: 9458 4558
Facsimile: 9458 4556
E: reception@burtonst.com.au


## 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).

We understand that a fee may apply and request that the patient be advised of any fees relating to the copy and transfer of their medical records.

Patient Name: _____ DOB: / /

Address: _____

_____ Post Code: _____

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

Signature: _____

Patients over 16 years of age **MUST** sign to authorise transfer of their medical records

Name: _____ DOB: / /

Signature: _____

Name: _____ DOB: / /

Signature: _____

Name: _____ DOB: / /

Signature: _____

Name: _____ DOB: / /

Signature: _____

Please note our practice uses Medical Director software. If you use Medical Director, please send the XML file. If you use Best Practice, please send the HTML file and ensure that **ALL** documents (visits, results, correspondence) are exported. If you use other software, please send in PDF format.

Records can be forwarded on a disc by mail or email (reception@burtonst.com.au).

Our practice does **NOT** accept paper records.

Yours sincerely,

_____

Dr _____