

Yeppoon Family Practice

48 Normanby Street (PO Box 376) Yeppoon QLD 4703 Ph 07 4939 3501 Fx 07 4939 2837

The Family Practice Emu Park
Cnr Hill & William Streets, Emu Park QLD 4710
Ph 07 4938 7387 Fx 07 4938 7388

The Family Practice Zilzie

28 Cocoanut Point Drive, Zilzie QLD 4710 Ph 07 4938 8388 Fx 07 4938 8300

Transfer of Medical Records Request

D.O.B: This patient is now attending the Yeppoon Family Practice. I would appreciate any relevant medical information or copies of investigations, to be forwarded to the practice. Yeppoon Family Practice is a paperless surgery so please do not forward originals. If you could include the dates for: Care Plans – Item 721:	Previous Practice Details		
Practice Address: Dear Dr I am writing regarding: NAME: D.O.B: This patient is now attending the Yeppoon Family Practice. I would appreciate any relevant medical information or copies of investigations, to be forwarded to the practice. Yeppoon Family Practice is a paperless surgery so please do not forward originals. If you could include the dates for: Care Plans – Item 721:	Dr's Name:	Dr	
Dear Dr I am writing regarding: NAME: D.O.B: This patient is now attending the Yeppoon Family Practice. I would appreciate any relevant medical information or copies of investigations, to be forwarded to the practice. Yeppoon Family Practice is a paperless surgery so please do not forward originals. If you could include the dates for: Care Plans – Item 721:	Practice Name:		
D.O.B: This patient is now attending the Yeppoon Family Practice. I would appreciate any relevant medical information or copies of investigations, to be forwarded to the practice. Yeppoon Family Practice is a paperless surgery so please do not forward originals. If you could include the dates for: Care Plans – Item 721:	Practice Address:		
This patient is now attending the Yeppoon Family Practice. I would appreciate any relevant medical information or copies of investigations, to be forwarded to the practice. Yeppoon Family Practice is a paperless surgery so please do not forward originals. If you could include the dates for: Care Plans – Item 721:	Dear Dr I am writing regard	ding: NAME:	
I would appreciate any relevant medical information or copies of investigations, to be forwarded to the practice. Yeppoon Family Practice is a paperless surgery so please do not forward originals. If you could include the dates for: Care Plans – Item 721:		D.O.B:	
the practice. Yeppoon Family Practice is a paperless surgery so please do not forward originals. If you could include the dates for: Care Plans – Item 721:	This patient is now	attending the Yeppoon Family Practice.	
DOCTORS STAMP AUTHORITY FOR RELEASE OF MEDICAL INFORMATION I,	the practice. Yepp originals. If you o Care Plans – Item	coon Family Practice is a paperless surgery so please do not forward could include the dates for :	
AUTHORITY FOR RELEASE OF MEDICAL INFORMATION I,	Yours sincerely,		
I,, give permission for any of my medical records to be forwarded to Dr M. Donohue, Dr G. Young, Dr J.	Dr	DOCTORS STAMP	
I,, give permission for any of my medical records to be forwarded to Dr M. Donohue, Dr G. Young, Dr J.		ALITHODITY FOR RELEASE OF MEDICAL INFORMATION	
permission for any of my medical records to be forwarded to Dr M. Donohue, Dr G. Young, Dr J.	:	AOTHORITT FOR RELEASE OF MEDICAL INFORMATION	
	l,		
Durko Dr. I. Crogori, Dr.N. Mong Dr.Kovorit Cuirol Dr.C. Coaling Dr.T. Millard Dr.D. Clillessi.			
		ory, Dr N. Wong, Dr Kaverjit Gujral, Dr S. Cooling, Dr T. Milford, Dr B. Skilbeck	
Dr C. Shakeshaft, Dr R. Savariar, Dr S. Zanuso, Dr P. Callaghan, Dr M. Young, Dr C Kay and			
Dr A Vanderstaay at above address. Signed: Date:	Or A vanderstaay Signed:	_	