



**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 Coconut Point Drive, Zilzie QLD 4710  
Ph 07 4938 8388 Fx 07 4938 8300

## Transfer of Medical Records Request

### Previous Practice Details

Dr's Name:	Dr
Practice Name:	
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:** ..... **Item 723:** ..... **Item 732:** .....

**Health Assessments: Item 705 / 707:** .....

Yours sincerely,

Dr \_\_\_\_\_



DOCTORS STAMP

### **AUTHORITY FOR RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_, give permission for any of my medical records to be forwarded to Dr M. Donohue, Dr G. Young, Dr J. Burke, Dr J. Gregory, 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: \_\_\_\_\_