classic way
• FAMILY PRACTICE •

P: 07 5568 0600 | F: 07 5568 0800
www.classicwayfamilypractice.com.au
2/6 Classic Way, Burleigh Waters QLD 4220
Mon - Fri: 7.30am - 5pm | Sat: 8.30am - 12.30pm

REQUEST FOR TRANSFER OF PATIENT RECORDS

Date: _____

Dear: _____

The following patients are now attending our surgery and are seeing

Dr _____.

They have requested their medical records be transferred to Classic Way Family Practice.

Name: _____ DOB:_____

Name: _____ DOB:_____

Name: _____ DOB:_____

Name: _____ DOB:_____

Name: _____ DOB:_____

Name: _____ DOB:_____

Preferable method of transfer would be via Medical Objects to the Patient's nominated Doctor as above.

Please note that all patients over 16 **MUST** sign to authorise transfer of their medical records.

Patient signature: _____

Patient signature: _____

Please provide copies of (circle): CAREPLANS / BLOOD TEST RESULTS /

OR _____