classic way
• FAMILY PRACTICE •

P: 07 5568 0600 | F: 07 5593 4248
www.classicwayfamilypractice.com.au
2/6 Classic Way, Burleigh Waters QLD 4220

**Mon – Fri:** 8:00 am – 5:00 pm
**Sun:** 9:00 am – 1:00 pm

**REQUEST FOR TRANSFER OF PATIENT RECORDS**

Date:__________________

Dear: ____________________________________________________

The following patients are now attending our surgery and are seeing:

☐ Dr Abdul Khan - 240865FY
☐ Dr Sajjad Haider - 4063818K
☐ Dr Chaw Thwin - 295951PX
☐ Dr Saadia Zaman - 438934MA

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

Name: ______________________________________________ D.O.B. __________________

Name: ______________________________________________ D.O.B. __________________

Name: ______________________________________________ D.O.B. __________________

Name: ______________________________________________ D.O.B. __________________

Name: ______________________________________________ D.O.B. __________________

Name: ______________________________________________ D.O.B. __________________

**Preferable method of transfer would be via Medical Objects to the patient's nominated doctor as above. Please do not send CDs or USBs.**

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

Patient Signature: __________________________ Patient Signature: ________________________

Patient Signature: __________________________ Patient Signature: ________________________

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

Or ______________________________________________________________________________