

**Request for Medical Records:**

**To (Previous) Dr:**

**Address:**

**Fax:**

|  |
| --- |
| **Patients Authorisation** (one form per person over 18 years) |
| I,  |   | Name of patient  |
| of: |  | Address of patientDOB |
| Request that a copy of my medical records be forwarded to Windmill Practice. |

**Signature: Date:**

Please also forward the records for my children as listed below:

Name: DOB:

Name: DOB:

Name: DOB:

Name: DOB:

**Signature: Date:**

**Windmill Practice uses Best Practice Software - if possible please send electronic records in .xml format to:** anne@windmillpractice.com.au

**Please send records by fax, secure post, or encrypted email to the above email or:**

PO Box 1884, Tamworth, NSW, 2340. Fax: 02 6761 8333

If it is not possible for records to be sent within one week it would be appreciated if we could be let know.