

**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 patient  DOB |
| 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](mailto: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.