

**Request for Medical Records:****To (Previous) Dr:**

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**Address:**

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**Fax:**

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**Patients Authorisation** (one form per person over 18 years)

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I, 

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 Name of patientof: 

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 Address of patient

DOB

Request that a copy of my medical records be forwarded to Windmill Practice.

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**Signature:****Date:**

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

Name: 

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 DOB: 

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Name: 

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 DOB: 

---

Name: 

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 DOB: 

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Name: 

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 DOB: 

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**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