



GUNGALIN MEDICAL CENTRE
128/43 HIBBERSON STREET
GUNGALIN SQUARE ACT 2912
PH: 02 6255 0888 FAX: 02 6134 6745

REQUEST TO TRANSFER PATIENT HEALTH RECORDS

Date:

Name of previous doctor:

Name of previous practice:

Address of previous practice:

.....

Phone number of previous practice (*if known*):

The following patient(s) is now attending Gungahlin Medical Centre and has requested that a copy of their health records be transferred to this practice for their ongoing health care management.

Patient's Full Name	Date of Birth	Address	Patient's Signature

Please note:

We accept paper copies (if short Health Summary) or the file can be exported to disk in XML and HTML format.