



**MOOREBANK
FAMILY MEDICAL PRACTICE**

Shop 15 32-40 Stockton Avenue, Moorebank, NSW, 2170

Phone: (02) 9601 6700 Fax: (02) 9601 6944

ABN: 32724656948

REQUEST FOR TRANSFER OF PATIENT MEDICAL INFORMATION

Date: _____

MEDICAL CENTRE DETAILS-

CLINIC/ GP NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

PATIENTS DETAILS:

Full Name: _____ DOB: _____

Street Address: _____

Suburb & Postcode: _____

Home No: _____ Work No: _____ Mobile No: _____

I, _____ give consent for the following details to be sent to Moorebank Family Medical Practice:

☐ Full Medical Record ☐ EPC Plan ☐ Pathology Results ☐ Specialist letters

☐ Health Summary ☐ Mental Health Plan ☐ Medication List ☐ Radiology Scans

☐ Others _____

Patients Signature

Parent/ Guardian Name

Parent/ Guardian Signature