



Modbury Paediatrics

184 Ladywood Drive Modbury Heights SA 5092
Ph: (08) 8263 6521 Fax: (08) 7123 4121 EDI no:drgamage
Email: reception@modburypaediatrics.com.au

TRANSFER OF MEDICAL RECORDS

Name of Practice records to be transferred from: _____

Doctors Name: _____

Practice Address: _____

Phone: _____ Fax: _____

Patient Name: _____ D.O.B _____

Address: _____

Additional Family Members:

Patient Name: _____ D.O.B: _____

Patient Name: _____ D.O.B: _____

Patient Name: _____ D.O.B: _____

The above patient/s have recently attended Modbury Paediatrics and have requested copies of their medical history be forwarded to us to assist us with their ongoing medical treatment and care.

Please see the signed authority to provide the information requested at the bottom of this page.

If possible, could the files please be transferred via disc in both HTML & XML formats

OR via Health Link in HL7 format, our EDI number is drgamage

Thank you in advance,

Modbury Paediatrics

I _____ hereby authorise the release of my medical records held at your surgery to be forwarded to Modbury Paediatrics.

Signed: _____ Date: _____
