



## REQUEST FOR MEDICAL RECORDS

Date: \_\_\_/\_\_\_/\_\_\_

Attn: Dr \_\_\_\_\_ of \_\_\_\_\_

Fax/Email: \_\_\_\_\_

The following patient/s listed below are now attending Atherton Health Hub. It would be appreciated if their medical records could be forwarded to us as soon as possible.

Specific records required: \_\_\_\_\_

We would appreciate the patient's medical records in XML format as we use Best Practice Software. Alternatively, a Health Summary issued to PCEHR, Medical Objects, HealthLink or by Fax is appreciated.

*Please do not include visit notes or send any original/hardcopy medical records by mail.*

In the interest of continuity of care, I would be grateful if you could attend to this at your earliest convenience. Thank you for your assistance.

Yours sincerely,

Dr Daniel Caines

Dr Marika Goodman

\_\_\_\_\_  
Doctor Signature

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

**I hereby consent to the release of my/our medical records to Atherton Health Hub:**

Patient's Name: \_\_\_\_\_

Patient / Guardian's Signature: \_\_\_\_\_