



GRACEMERE MEDICAL CENTRE

A.B.N 68854835369

17 Lawrie Street Gracemere QLD 4702

Tel: 07 4933 1590 Fax: 07 4933 4497

PO Box 375 Gracemere Qld 4702

PATIENT TRANSFER REQUEST

DATE

TO DR.

PHONE Fax

PATIENT (S) NAME

DATE OF BIRTH

ADDRESS

DEAR DOCTOR,

The above named patient (s) are now attending Gracemere Medical Centre. We would be most grateful if you would forward past medical history including recent results and specialist letters for the purpose of continuing medical care. Please list any EPC items and dates claimed.

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Signed

Dr Joan Chamberlain, Dr John Maitland,
Dr Bhavesh Dhamsania, Dr Charlind Dindial,
Dr Vahid Afshar, Dr Taz Jacob

PATIENT CONSENT;

I

Hereby authorise details of my past medical records to be forwarded to Gracemere Medical Centre.

PATIENT SIGNATURE.....