

# Oakhill Clinic Pty. Ltd

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## Authority to Release Medical Records

Dear \_\_\_\_\_

Patients Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Please include the following family members

Patients Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patients Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Patients Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

The above patient, whose signature appears below, has requested that our practice continue their management and the management of any family members that may also be listed. In order to ensure continuity of care, we would appreciate if their medical records be forwarded to our practice at your earliest convenience.

### Information Required

Hospital UR Number \_\_\_\_\_

- Medical History
- Investigation Results
- Other

- Discharge Summary
- Operation Report
- URGENT

I hereby authorize you to forward the above information to Dr \_\_\_\_\_  
to assist in the continuing care of me or my family.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

***Please note that we use Medical Director 3.16a, a CD in XML format or a transfer via MD Exchange would be appreciated. Alternatively you could send file via Argus on 581645@argus.net.au***