

TRANSFER OF MEDICAL RECORDS CONSENT		
The following patients are now attending Sunstate Family Practice. They have authorized the transfer of their medical records to our practice.		
FULL NAME	DATE OF BIRTH	SIGNATURE
	/ /	
ADDRESS		
FAMILY MEMBERS AGED 15 AND UNDER THAT ALSO REQUIRE RECORDS TRANSFERRED		
	/ /	
	/ /	
	/ /	
	/ /	
<i>PLEASE NOTE: Parents/Guardians must provide consent for patients aged 15 and under. Patients over the age of 16 must provide a signature to release their records.</i>		
Requesting records from:		Ph:
		Fax:
Requested by:		
<input type="checkbox"/> Dr Andrew Ganter	<input type="checkbox"/> Dr Matthew Harvey	<input type="checkbox"/> Dr Chau Vu
<input type="checkbox"/> Dr Emma Hannan	<input type="checkbox"/> Dr Tegan Stein	<input type="checkbox"/> Dr Erin Harrison
<input type="checkbox"/> Dr Holly McComiskie	<input type="checkbox"/> Dr Jack Gilpin	<input type="checkbox"/> Dr Eugenia Haller
Please pay particular attention to:		
<input type="checkbox"/> Patient Health Summary	<input type="checkbox"/> Investigation Reports	<input type="checkbox"/> Discharge summary
<input type="checkbox"/> Previous admission records	<input type="checkbox"/> Previous EPC plans	<input type="checkbox"/> _____
Relevant to the date of:		
Our practice hopes to minimize paper usage and therefore requests that these records be sent to our practice via:		
<ul style="list-style-type: none"> • Medical Objects • Email: (reception@sunstatefamilypractice.com.au) in XML format, or • Fax: (07) 3207 7755 		
SUNSTATE OFFICE USE ONLY		
Copy sent: / /	Signature of practice representative:	