



Brecken Health

BUILT TO CARE

45 Aldgate Street, Mandurah 6210

reception@breckenmandurah.com.au

Health Link ID: METSINIH

Ph: 9586 2122 Fax: 9586 2188

TRANSFER REQUEST OF PATIENT MEDICAL RECORDS

Dr. Elveyna D’Couto	Dr. Sam Fazio	Dr. Colin Chng
Dr. Hooi Lin Ooi	Dr. Paul Spedding	

Pages: _____ Date: ___/___/_____ Urgent: YES NO

TO:	Dr’s Surgery - _____
ATTENTION :	Dr - _____
FAX NO:	_____
FROM :	Brecken Health - Reception
SUBJECT:	Transfer of relevant patient/s history

The following patient has requested a **Summary** of their records/discharge summaries/specialist letters to be transferred to this practice.

- ✓ Please **DO NOT** send originals or whole file.
- ✓ Please keep the summary to less than 10 pages if possible.

NAME:

DOB:

ADDRESS:

Any particular information we would like is listed here:

.....
.....

Could you also advise if any care plans / health assessments have been done and their dates.

Thank you in anticipation of your willingness to provide continued quality healthcare.

For Brecken Health - on behalf of Dr:

My Consent for the above is given *(Patient to sign below)*

Patient Signature: _____ Date: _____

<p>The contents of this facsimile transmission are confidential and may also be the subject of legal privilege, public interest immunity or professional privilege. The contents are intended only for the named recipient of this facsimile. If you are not the intended recipient, any use, reproduction, disclosure or distribution of this/these document(s) is prohibited. If you have received this document in error, please telephone (08) 9586 2122 immediately.</p>
