



# PELICAN WATERS FAMILY DOCTORS

Suite 7, Pelican Waters Shopping Centre  
44 Pelican Waters Boulevard  
Pelican Waters Qld, 4551  
Phone: 07 5439 7100 Fax: 07 5439 7122  
ABN # 81332623599

## Patient History Transfer Request

Note: We prefer electronic files- transfer in XML format  
File saved on CD, or sent via Medical Objects if possible

**Date of Request:** \_\_\_\_\_

**Previous Doctor's Name:** \_\_\_\_\_

**Medical Centre / Hospital Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

I hereby give consent for my medical records to be released to Pelican Waters Family Doctors:

**Patient Name:**

\_\_\_\_\_ **DOB:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\_\_\_\_\_ **DOB:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\_\_\_\_\_ **DOB:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Dear Doctor,

The above named patient/s are now attending this surgery. To assist with their continuing care, it would be appreciated if a copy of their medical history could be forwarded to us please.

- All Patient history  Results & Procedures  Letters  Summary  Care plans  
 Other: \_\_\_\_\_

Yours faithfully,  
Requesting Doctor per reception staff: \_\_\_\_\_

- Dr Eranthi Hettiarachchi  Dr Michael Hayes  
 Dr Mark Greiner  Dr Sally Fry  Dr Nicholas Simon  Dr James Murchie  
 Dr Ryan O'Donnell  Dr Chris Robson

This facsimile contains privileged and confidential information intended for the use of the addressee named above.  
If you are not the intended recipient of this facsimile please notify Pelican Waters Family Doctors.