



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 Mark Greiner ☐ Dr Nicholas Simon ☐ Dr James Murchie
☐ Dr Ryan O'Donnell ☐ Dr Chris Robson ☐ Dr Simon Greig ☐ Dr Caitlin Norbury

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.