



33-35 Corporation Circuit
Tweed Heads South
NSW 2486
PO Box 6282
Tweed Heads South

Transfer of Medical Records Consent

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|----------------------------|
| Date: |
| Doctor's Details: |
| Previous Practice Address: |
| Phone / Fax: |

The following patient is now under the care of Dr _____
at Tweed Health for Everyone Superclinic.
Could you please forward all medical records relating to this patient.

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| Patient Details: |
| DOB: |
| Address: |
| Phone / Fax: |

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|---|
| Patient Authority |
| I _____ hereby authorise the above request for the transfer of a full & detailed copy of my medical records, not just a summary to: Dr _____ at Tweed Health for Everyone Superclinic. |

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| Patient Signature: _____ Date: _____ |
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Tweed Health for Everyone is a paperless practice and would appreciate if the patients records were transferred electronically by saving the records to a disc or usb instead of printing copies.

Thank you