

TOP HEALTH DOCTORS GROUP

Integrity • Service • Excellence

General Practice Skin Cancer Clinic Travel Medicine Aviation and Diving Medicals

CANNON HILL CAPALABA GREENSLOPES WEST END

REQUEST FOR TRANSFER OF RECORDS

Date:			
Practice Name:			
Doctor:			
Address:			
Phone:	Fax:		
Filone.	rax.		
Email:			
URGENT:	YES/NO Routine:		
to the Doctor at the	g Top Health Doctors and request a copy of my he e practice indicated below. ich surgery you will be attending. ✓		
SURGERY	ADDRESS	TELEPHONE/FAX	✓
Cannon Hill	Shop 1 Cannon Hill Kmart Plaza	T: 07 3899 1510	
	1909 Creek Road, CANNON HILL Q 4170	F: 07 3899 1517	
Capalaba Greenslopes	Shops 69 & 70 Capalaba Park Shopping Centre,	T: 07 3390 1813	
	45 Redland Bay Road, CAPALABA Q 4170	F: 07 3823 2569	
	Shops 10 & 11, Greenslopes Mall 700 Logan Road, GREENSLOPES Q 4120	T: 07 3847 3108 F: 07 3847 4981	
Underwood	Units 8 – 10 Underwood Village,	T: 07 3133 0822	
	2770 Logan Road, UNDERWOOD Q 4119	F: 07 3162 6281	
West End	Suite 2, Level 1 Montague Markets,	T: 07 3255 1208	
	409 Montague Road, WEST END Q 4101	F: 07 3255 1173	
	We also accept medical records via MEDIC	AL OBJECTS	
Patient Details & A	Authority		
Name:	D.O.B.: Sign	nature:	
Name:	D.O.B.: Sign	D.O.B.: Signature:	

We thank you for your earliest attention to our request, our aim is to ensure continuity of care for the patient. For medico-legal purposes, please ensure you retain the original records and forward copies only. If there are any costs associated with our <u>health summary</u> request, we ask that you contact the patient directly.

Thanking you in anticipation