



Transfer of Medical Notes Request Form

To Dr (Previous Doctor) _____

Medical Centre: _____

Phone: _____ Fax: _____

The following patient(s) have joined our medical centre and will now be under the care of

- Dr Phin Lim – 4015227Y
- Dr Nirmala Chand – 288664HA
- Dr Jason Lo Tam – 275283AT
- Dr Ying Chiu (Alex) – 034717QF
- Dr Omenka Okafor – 4859344F

Please send the patient’s full medical records via the following channels – electronic copies are preferred

Medical Objects

Password protected email to admin@ciwhp.com.au

Fax: (07) 5575 3114

Post: 1/56 Santa Cruz Boulevard, Clear Island Waters, 4226

Please Note: Signatures are required by each family member over the age of 16 years

| Surname | First name | D.O.B | Signature |
|---------|------------|-------|-----------|
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*We thank you kindly for your services.
If you have any concerns or questions, please do not hesitate to call our reception team on:*

(07) 5575 1822