

Transfer of Medical Record Request Form

To Dr (Previous Doctor) _____

Medical Centre: _____

Phone: _____ Fax: _____

Or Email: _____

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

- ☐ Dr Nirmala Chand provider # 288664HA
- ☐ Dr Phin Lim provider # 4015227Y
- ☐ Dr Jason Lo Tam provider # 275283AT
- ☐ Dr Max Po provider # 248580NK
- ☐ Dr Tynan Lewis provider # 6669354W
- ☐ Dr Andrew Taylor provider # 6430265T

Please send the patient/s Full Medical Records via the following channels – electronic copies are preferred.

Medical Objects

Email: reception@ciwhp.com.au

Fax: 07 5575 3114

Please note: Signatures are required by each family member over the age of 16 years old.

Surname	First Name	D.O.B	Signature

We thank you kindly for your services.

If you have any concerns or questions please do not hesitate to contact us on # **07 5575 1822**