

REQUEST FOR PATIENT RECORD

Date: _____

TO

Doctor's Name: _____

Clinic: _____

Fax Number: _____ No. of pages: _____ of _____

FROM: UQ Healthy Living

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Patient's name: _____ D.O.B: _____

As the above patient has now registered with this health clinic could you please forward a Full Health Summary along with any additional relevant information which may help with their ongoing care (recent pathology, medical imaging reports, specialist letters, GPMP, MHCP).

Your assistance in this matter is greatly appreciated.

PATIENT'S AUTHORISATION

I am now attending the above clinic and would like my records to be provided. I hereby give written permission for their release.

Patient's signature: _____

Date: _____

