

BIRTINYA MEDICAL CENTRE

Doctor:

Practice:

Phone No: Fax No.....

Dear Doctor,

I am now attending the Birtinya Medical Centre and request you forward the medical records to this practice.

Preferred method is via **Med Objects** or Fax BMC uses Best Practice. **NO CD's please**
Please include Medical Summary and in particular could information also be provide about the following:-

.....
.....

PLEASE ADVISE LAST DATE PERFORMED

Item Number	Date billed	Item Number	Date billed	Item Number	Date billed
721/723		2715		705	
732		2717		707	
		2712		900	

Please forward at your earliest convenience via Medical Objects or fax 53061201

**** PLEASE DO NOT SEND CD'S ****

Patient Name:DOBMinor Yes - No

Signature Parent/GuardianDate

Patient Name:DOBMinor Yes - No

Signature Parent/Guardian

Patient Name:DOBMinor Yes - No

Signature Parent/Guardian

Patient Name:DOBMinor Yes - No

Signature Parent/Guardian

DR Requesting Information