

**REQUEST FOR HEALTH INFORMATION TRANSFER FROM GP**

**PREVIOUS PRACTICE:** Please fill out the box below where this request is being sent

<b>Date:</b> _____
<b>To Dr:</b> _____
<b>Address:</b> _____ _____
<b>PH:</b> _____ <b>FAX:</b> _____

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**PH:** \_\_\_\_\_

The above patient has asked us to obtain: (Note: XML Format is Preferable)

- |  |  |
|--|--|
| <input type="radio"/> Complete Medical History           | <input type="radio"/> Relevant current results/reports |
| <input type="radio"/> Summary of current medical history | <input type="radio"/> EPC Documentation                |

Please forward to:  
Sandringham Ambulatory Care Centre  
Fax: 03 9119 1099

Yours sincerely,

Dr:

**Patient Authentication:** \_\_\_\_\_ **Date:** \_\_\_\_\_