Mooroolbark Station Medical Centre
14-16 Brice Ave Mooroolbark VIC 3138 Ph: 03 7050 7670 Fax:03 9022 8445 reception@msmcmedicalcentre.com.au

Request for medical records transfer

Date: …/…/…… **Doctor's Name:** …….
Medical centre's Name & contact details:
……

Please send a copy of my: (Please tick one or more)

- Full medical record
- Health summary
- Current medications list
- Specialist correspondence
- Latest investigation reports
- Discharge Summary ……/……/…….
- Other……

Preferably in XML format via email or CD. Otherwise, hard copy by post.

Patient full name	**Address**	**DOB**
Other family members (if under 18 years of age)	**Address**	**DOB**

Patient signature: ……**Date:** ……/……/……