



# YARRAGON

Medical Centre

1 Campbell Street, Yarragon, VIC 3823  
P: 03 5637 0222 F: 03 5634 2686  
www.yarragonmedical.com.au

## Request for Medical Records Transfer

Dear Dr,

The following patient has indicated that they will be attending Yarragon Medical Centre.  
Can you please supply us with their medical file to assist in their future medical treatment.  
Please include the following:

Patients Clinical Records  
Health Summary with any relevant results  
Details of any TCA, GPMP performed in the past 2 years.

**Patient Name :**

**Date of Birth :**

Family Members under 18 years of age:

**Patient Name:**

**Date of Birth:**

**Patient Name:**

**Date of Birth:**

**Patient Name:**

**Date of Birth:**

Our Practice uses Best Practice Software - XML format is preferred. XML file can be sent via email to reception@yarragonmedical.com.au, or by CD. We will also accept HTML or PDF format. **Please do not send paper records.**

If there are any fees involved for transfer of records, please communicate these directly with the patient. Yarragon Medical Centre will not be liable for advising patients of fees from other clinics.

Kind regards,

## MEDICAL RELEASE AUTHORITY

I, \_\_\_\_\_ authorise the release of my/my families medical records to Yarragon Medical Centre. I understand I am responsible for any fees that may be charged by my previous medical centre for release of records.

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Date:    /    /

