

REQUEST FOR TRANSFER OF MEDICAL RECORDS

Request issued to:

Clinic Name:

Date:

Doctor:

Phone number:

Email:

Requesting Doctor

We'd like to notify you that the following patient(s) have recently become patients at Evercare and would like their medical records transferred. We would appreciate it if you could provide any relevant information that would assist in ensuring their seamless continuation of care.

Patient Declaration:

I authorise the release of my medical information to Evercare.

Please indicate your Evercare clinic:

<input type="checkbox"/>	Evercare Clayfield (07) 3608 1400 clayfield@evercare.com.au	<input type="checkbox"/>	Evercare Mitchelton (07) 3132 1700 mitchelton@evercare.com.au	<input type="checkbox"/>	Evercare Redcliffe (07) 3132 0200 redcliffe@evercare.com.au
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Patient Details:

Name:

DOB:

Signature:

Please include my family members (*if applicable*):

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

Name: _____

DOB: _____

Clayfield

256 Junction Road
Clayfield Qld 4011
07 3608 1400
clayfield@evercare.com.au

Mitchelton

87 Osborne Road
Mitchelton Qld 4053
07 3132 1700
mitchelton@evercare.com.au

Redcliffe

99 Marine Parade
Redcliffe QLD 4020
07 3132 0200
redcliffe@evercare.com.au

www.evercare.com.au