

# Hobart Place General Practice Pty Ltd



Level 2 & 3 Floor, 28 University Ave  
CANBERRA CITY ACT 2601  
GPO Box 2209  
CANBERRA ACT 2601

Ph: (02) 6247 - 4342  
Fax: (02) 6100 - 9957

Receiving Practice name:

Current Practice name:

Phone:

Fax:

## **Transfer of Medical Records for:**

### **Patient Details:**

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

**D.O.B:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
\_\_\_\_\_

### **Other Family Members:**

**1)Name:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**D.O.B:** \_\_\_\_\_

**2)Name:**

\_\_\_\_\_

**Signature:** \_\_\_\_\_

\_\_\_\_\_

**D.O.B:** \_\_\_\_\_

Is now attending this practice and has requested that a copy/summary of their medical records be forwarded to the above address. **We only accept electronic records in XML or HTML format.**

Yours sincerely,

Patient's Signature: \_\_\_\_\_

Date:            /            /