Irymple MEDICAL CENTRE

Dr. Junnatul Fardaus
Dr. Grace Pang

3/2109-2111 Fifteenth Street
Irymple, VIC 3498
Ph 03 5024 5746
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TRANSFER OF RECORDS

(Where possible XML format, No email of files please)

Date: ----------

Previous Doctor/Practice: ……
Address: ----------

Phone: ----------
Fax: ----------

Could you please forward all medical records/specialist letters of the patient/patients to Irymple Medical Centre as he/she is now attending this Surgery for medical care

Please also notify us if Patient has previously had any of the following and dates, they were done;

Mental Health Plan/or Review	Yes/No	Date…….
GPMP (72, 723, 731)	Yes/No	Date…….
Health Assessment	Yes/No	Date…….

Irymple Medical Centre uses MD for its clinical records, where possible an electronic transfer on CD in MB3 format is requested.

Re: Name:……DOB:……

Address:……
……

Patient Signature: ……..

Doctor/Admin: ……