NORTH VILLAGE FAMILY PRACTICE

Shop 3, 4 Beaton Road,
Kellyville. NSW 2155
Ph: 9051-2866 Fax: 9051-2877
Email: admin@northvillagemedical.com.au

REQUEST TO OBTAIN MEDICAL RECORDS

Date: _____

Name & Address of Previous Medical Practitioner:

_____

_____

_____

Phone: _____

Fax:_____

Dear Doctor,

The following patients are now attending this practice and herby given written permission for release of their medical records:

Name	Date of Birth	Contact Number	Signature

Could you please provide a summary or photocopy of their medical history, and copies of important letters and investigations.

Thank You.