ONE POINT

MEDICAL

Name of patient(s): _____ D.O.B. _____

_____ D.O.B. _____

I authorise for a copy of all my records to be forwarded to the above clinic.

Signature of Patient(s): _____

_____

Date: _____

Name of previous Doctor/ Specialist: _____

Address of previous Doctor: _____

_____

Phone:( ) _____ Fax: ( ) _____

Dear Doctor

This patient will now be attending this clinic under our care. We would appreciate if you would forward a copy of his/her medical records. If sending on disc, please provide in **Medical Director .XML** or PDF

Please advise when the following have been billed:

2715; 2717; 2700; 2701; 2712 _____

721; 723; 732 _____

Yours sincerely

Dr Chris Mulroney

Dr Juliet Froomes

Dr Sophie Macneil

Dr Andre Dreyer

One Point Medical, 3/328 Malvern Road, Prahran VIC 3181. T (03) 9533 2800 F (03) 9533 7800
E manager@onepointmedical.com.au or reception@onepointmedical.com.au