

The Grange Family Medical Centre

Suite 1, 82 Lake Road. PORT MACQUARIE NSW 2444
Phone: (02) 6584 5244 Fax: (02) 6516 1040 E: thegrangeclinic@gmail.com

Date:

Previous Practice:

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Dear Sir/Madam

The following patient(s) are now attending this surgery and we would appreciate if you could send a complete electronic copy of their medical records in **XML format**.

Patient's Name

Date of Birth

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Patient's Signature

Doctor's Signature

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Could you please also advise us of the dates of any assessments or reviews that may have been performed on this patient?

721 / 723 Date: _____

732/732 Date: _____

>75 Health. Date: _____

Mental Health CP Date: _____

Diabetes SIP Date: _____

HMR/DMMR Date: _____

45-49 Health Check

Date _____