



Sorrento Medical Centre

Dr Peter Meggyesy
Provider No: 367482B
Dr Adrian Murrie FRACGP
Provider No: 210594TY
Dr Dana Lo
Provider No: 6036972L

166 Ocean Beach Rd or
PO BOX 97 Sorrento, Vic 3943
Tel: 03 5984 4322
Fax: 03 5984 0363

Request for Transfer of Medical Record.

Date: _____

Request To: _____ (Medical Practice)

Address: _____

Suburb: _____

Phone No _____ Fax No: _____

Dear Doctor,

We wish to advise you that the following patient(s) are now attending this medical practice and would like to have his/her/ their medicals records transferred. We would appreciate it if you could send any relevant information which would assist with their continuing care.

If your practice uses **Medical Director** or **Best Practice** please export the patient files in **XML** format. All other software please send the file in a **pdf format** or, an **up to date Health Summary** along with any other relevant correspondence to continue their ongoing care. Thank you.

Records to be forwarded to: Dr _____ at Sorrento Medical Centre

Doctors Signature _____

I hereby authorise the release of my/ our medical records to Sorrento Medical Centre

Patients Name: _____

D.O.B. _____

Address: _____

Patient's
Signature _____ Date _____

Please include other members of my family (18 years and under) as listed:

Re: _____ D.O.B. _____
Re: _____ D.O.B. _____

Office Use: Faxed/emailed and scanned Date:

Signature