**To: <DrName>**

**<PracticeName>**

**<PracticeAddress>**

**<PracticeContactNo>**

Dear Doctor,

**RE: <PatientName>, DOB: <PatientDOB>**

The above named patient is now attending this practice.

It would be appreciated if you would forward their medical records or summary thereof to Ardent Medical Surreyhills at your earliest convenience. Please find signed patient authority below.

Kind Regards

Ardent Medical Surrey Hills

…………………………………………………………………………………………………………………………………………….

I, <PatientName> hereby authorised the release of my medical records to Ardent Medical Surrey Hills.

Dr William Wong, MBBS FRACGP

Dr Martin Hodgson, MBBS FRACGP

Please include copies of

Patient Health Summary

Health Assessment

Pathology Results (Recent)

Care Plan / GPMP

PAP Result

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**