REQUEST FOR MEDICAL RECORDS

HEALTHHUB TAREE

ABN: 27 634 259 948

Lot 134 Pulteney Street Taree NSW 2430

Ph: (02) 6552 5533 Fax: (02) 6552 4249

Date:

Email: office@healthhubtaree.com.au

HEALTHHUB HARRINGTON

Shop 4, 1-5 Caledonia St, HARRINGTON NSW 2427

Ph: (02) 6556 1855 Fax: (02) 6556 0460

Email: office@healthhubharrington.com.au

Dr:		
Address:		
Ph:		Fax:
Email:		
Dear Doctor,		
NAME:		DOB:
NAME:		DOB:
ADDRESS:		
This/these patient/s is/are medical records to the abo		this practice and has requested that you kindly send the
		of any Assessments/Care Plans and/or reviews of been completed whilst patient was under your care.
GPMP	Date:	45-49 year check Date:
TCA	Date:	Asthma Incentive Date:
GP Mental Health Plan	Date:	Medication Review Date:
Diabetes Cycle of Care	Date:	CMA Date:
>75 Health Assessment	Date:	Healthy Kids Check Date:
IF SENDING RECORD	S ON CD COU	ULD YOU MAKE SURE THAT IT IS IN XML FORMAT.
Thanking you.		
Yours faithfully,		
For: Dr:	Health	Hub Taree & Harrington
	ncarin	Tub Tarce & Harrington
Please forward my files as	requested:	
Patient Signature:		