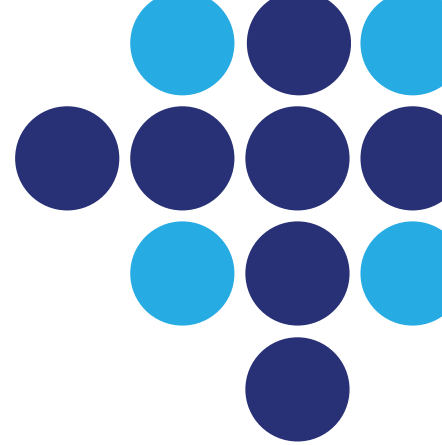


MERENDA JUNCTION MEDICAL



I, _____ give consent
for my medical records to be released to Mernda Junction Medical,
Mernda Junction Shopping Centre, Tenancy 11, 1435 Plenty Rd,
Mernda VIC 3754.

Patient Date Of Birth: _____

Patient Address: _____

Patient's previous clinic/GP: _____

Phone: _____

Fax: _____

Patient signature: _____

Date: _____

Please include the following:

- ☐ Health Summary
- ☐ Health Assessment
- ☐ GP Care Plan (721)
- ☐ Team Care Arrangement (723)
- ☐ Investigation Reports

- ☐ Immunisation History
- ☐ Visit Notes
- ☐ Specialist Letters
- ☐ All Existing Records

I authorise for this release to be:

- ☐ Faxed to the requested practice
- ☐ Sent by mail to the requesting practice

If sending by CD, format must be in XML

TRANSFER OF MEDICAL RECORDS FORM

OFFICE USE ONLY

Date copy sent: _____

Signature of Practice Representative: _____