

# Metceni Health

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## F A C S I M I L E

### TRANSFER REQUEST OF PATIENT MEDICAL RECORDS

Dr. Elveya D'Couto

Dr. Sam Fazio

Dr. Colin Chng

Dr. Deepika Perera

Dr. Zeynab Khoshmohabbat

Pages: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Urgent:  YES  NO

TO: Dr's Surgery - \_\_\_\_\_  
ATTENTION : Dr - \_\_\_\_\_  
FAX NO: \_\_\_\_\_  
FROM : Metceni Health - Reception  
SUBJECT: Transfer of relevant patient/s history

The following patient has requested a **Summary** of their records/discharge summaries/specialist letters to be transferred to this practice.

- ✓ Please **DO NOT** send originals or whole file.
- ✓ Please keep the summary to less than 10 pages if possible.

NAME: .....

DOB: .....

ADDRESS: .....

Any particular information we would like is listed here:

.....  
.....  
.....

Could you also advise if any care plans / health assessments have been done and their dates.

Thank you in anticipation of your willingness to provide continued quality healthcare.

For Metceni Health - on behalf of Dr: .....

**My Consent for the above is given** (*Patient to sign below*)

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

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