

33-35 Martin Place, Glen Waverley, VIC 3150
T: (03) 8830 5899 F: (03) 8830 5999
www.martinplacefmc.com.au

To.....
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Phone.....
Fax/Email.....

Dear Doctor,

Please forward/email to us a copy of all relevant medical information of the patient/s mentioned below as they are now attending our clinic. We prefer **XML format** – We use Best Practice Medical Software.

Regarding Patient/s

Name:

- | | |
|---------|--------------------|
| 1. | Date of Birth..... |
| 2. | Date of Birth..... |
| 3. | Date of Birth..... |
| 4. | Date of Birth..... |
| 5. | Date of Birth..... |

Phone/Mobile

Authority and consent to release medical information to Martin Place Family Medical Centre

Signed..... Date.....

Full Name.....

Address.....