



Brighton Family & Women's Clinic
767 Nepean Highway Brighton East VIC 3187
Phone: 03 9516 5100 Fax: 03 9957 0301

Date:

To (name of previous medical clinic):

Patient name:

Patient address:

Patient date of birth:

The above patient is now attending Brighton Family and Women's Clinic for their medical care. He/She have requested that a copy of their medical file, including any specialist reports and relevant radiology and pathology reports be forwarded to this clinic.

Other members of the family whose record requires to be transferred:

Patient Name	Date of Birth	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Patient's Authorisation:

I hereby give authority for the above-mentioned medical records to be transferred as requested above to _____ at Brighton Family and Women's Clinic.

Patient's signature:

Witness:

Thank you for your co-operation in this matter.