



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.