



## Details of Practice/Hospital/Other:

Name: .....  
Attn Doctor: .....  
Phone No: ..... Fax No: .....

## Urgency of Request

- Urgent  
 Next Day  
 Non-Urgent (*within 5 business days*)

Dear Doctor,  
The below mentioned patient has recently attended this Practice. Please refer to details below regarding information required. This practice uses Medical Director V4.0 and prefers information forwarded on CD (xml format). Please do not send a disc if your practice uses Best Practice. If faxing correspondence, please **fax to 03 5156 0483**.

Yours sincerely,

**Doctor:** ..... **Date:** ...../...../.....

## Patient Details:

Name:	DOB:
Address:	
Ph:	Email:

## Information Required: (please tick & specify date if known – please send in .XML Format)

Patient Summary	GPMP	Item 721	Date:
Correspondence	TCA	Item 723	Date:
Operation Reports	GPMP/TCA Rv	Item 732	Date:
Investigations	MHCP	Item 2715, 2717	Date:
Pathology	MHCP Rv	Item 2712	Date:
	HMR	Item 900	Date:
	Health Assessment	Item 699, 701-707	Date:

## Patient Consent Details: (Please tick & sign as appropriate)

I, \_\_\_\_\_ the above-named patient consent to the release of health information (including test results etc.) about my past and present illnesses to the Doctor, and other Healthcare Providers.

Signed: ..... Date: ...../...../.....  
(  Patient,  Parent or  Legal Representative )

..... Date:...../...../.....  
(Witness Name/Signature)

It is impracticable to provide patient consent currently. I verify that I am treating the patient and the information is required for the patient's ongoing treatment

Doctor Name: ..... Signature: ..... Date:...../...../.....