

# **Boroondara Health & Wellness Centre**

**738 Glenferrie Road Hawthorn 3122 Vic**

**Phone 9819 4044 Facsimile 9819 4244**

Dr Carmel O'Toole

047095EH

Dr Manpreet Heer

272179BH

Dr Jane Habib

263016MH

Dr Wenruo Han

0594957W

Dr Tony Arkell

33609AY

To (Previous Doctor): \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

## Patient Details

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*Include maiden name if applicable.*

Patient(s) Address: \_\_\_\_\_

The above named patient(s) is/are attending this surgery.

A summary of the medical record about the patient/s, including relevant Specialist correspondence, copies of tests and care plans would be appreciated in an XML Format.

Please find hereunder the patient's signed authority to release this information

Yours faithfully,

Doctor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the above named doctor to access my previous records.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_