



# Gungahlin Medical Centre

128/43 Hibberson St  
Gungahlin ACT 2912  
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## ACCESS TO MEDICAL RECORDS OR RESULTS

Patient's name: .....

Patient's address: .....

Patient's phone number: ..... Patient's date of birth: .....

- I request access to the documents listed below
- I agree to provide proof of identification of myself before access is provided
- I am aware that a photocopying fee may apply

Date of Records <i>if known</i>	Records / Results Requested

Further notes: .....  
.....  
.....  
.....

Patient's Signature: ..... Date: .....

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### Office Use Only

Date of last visit: .....

Name of treating doctor: .....

Doctor's Signature: ..... Date: .....