



**GUNG AHLIN MEDICAL CENTRE**  
128/43 HIBBERSON STREET  
GUNG AHLIN SQUARE ACT 2912  
PH: 02 6255 0888 FAX: 02 6134 6745

## REQUEST TO TRANSFER PATIENT HEALTH RECORDS

Date: .....

Name of previous doctor: .....

Name of previous practice: .....

Address of previous practice: .....

.....

Phone number of previous practice (*if known*): .....

The following patient(s) is now attending Gungahlin Medical Centre and has requested that a copy of their health records be transferred to this practice for their ongoing health care management.

Patient's Full Name	Date of Birth	Address	Patient's Signature

**Please note:**

We accept paper copies (if short Health Summary) or the file can be exported to disk in XML and HTML format.