



Gungahlin Medical Centre

128/43 Hibberson St
Gungahlin ACT 2912
Ph (02) 6255 0888
Fax(02) 6134 6745

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

If you would like your medical records to be Emailed, please fill Separate form **"Email Consent Form"**

Further notes:
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Patient's Signature: Date:

Office Use Only

Date of last visit:

Name of treating doctor:

Doctor's Signature: Date:

Please send to: reception@gungahlinmedicalcentre.com.au