



Gungahlin Medical Centre
128/43 Hibberson Street
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 and administrative cost may apply (\$15.00/patient)

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"** and both can be emailed to reception@gungahlinmedicalcentre.com.au

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

Patient's Signature: Date:

Office Use Only

Date of last visit:

Name of treating doctor:

Doctor's Signature: Date: