

Modern Medical Clinics
 68 Mahogany Drive
 HALLS HEAD W.A. 6210
 Tel- (08) 9582 7800
 Fax- (08) 9535 8390



Previous Medical Centre -

PHONE: FAX: ATTN GP: Dr

Dear Doctor,

The following patients/s is/are currently attending this practice and we would greatly appreciate if you could forward a short history and/or any reports or summaries to assist with their continuing care.

Dates of any Care Plans and/or Health Assessments would also be appreciated.

Re: Date of Birth
 Re: Date of Birth
 Re: Date of Birth
 Re: Date of Birth

(PLEASE SEND IN XML FORMAT)

EPC Item	Date Completed
GPMP (Item No 721)	
TCA (Item No 723)	
Health Assessment (Item No 701,703,705,707)	
HMMR (Item 900)	
MHCP (Item 2712/2715)	

Your co-operation in this matter is greatly appreciated.

Yours Sincerely,
 Modern Medical Clinics

I am currently attending the above surgery and hereby consent for my records to be released to Modern Medical Clinics.

Signed Date.....

Signed Date.....

Signed Date.....

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