

Medical Centre: _____

Address: _____

Phone: _____

Fax: _____

Dear Doctor / Medical Centre,

The below patient will now be attending Healthology Medical Centre Rosny. We would appreciate it if you can please forward a copy of the patients up to date health summary as well as any relevant correspondence to continue their ongoing care with us.

Please note: we do not accept any medical records on disc.

Patient Name: _____

Date of Birth: DD / MM / YYYY

Address: _____

We would appreciate if you would please provide the following information:

	Item Number	Date Item Numbers were claimed
GPMP	721	
REVIEW of GPMP	732	
TCA	723	
REVIEW of TCA	732	
MENTAL HEALTH PLAN	2700 / 2701 / 2710 / 2715 / 2717	
MENTAL HEALTH PLAN REVIEW	2712	
HEALTH ASSESSMENT	701 / 703 / 705 / 707 / 715	

I _____ (PRINT NAME) authorise the release of the above medical records. These medical records are to be transferred to Healthology Medical Centre Rosny.

Signed: _____

Date: _____

DD / MM / YYYY

** The information contained in this facsimile message is intended for the sole confidential use of the designated recipients and may contain confidential information **