

Transfer of Medical Records Peninsula Medical Centre

382 Te Atatu Road, Te Atatu Peninsula, Waitakere City 0610
Ph 834-6300 Fax 834-6375

EDI: peninsmc GP2GP: Dr David Going NZMC: 09675

Dr David Going DrCarolynn Moore Dr Justine Mesui Dr John Zhang
Dr Joy Liao Dr Edward Watson Dr Dara Lancaster

Date / /

File No.....

Previous Medical Centre:

.....

PhoneFax.....Sign.....

Dear Doctor,

The following Patient(s) have enrolled at this practice and have requested their notes be transferred to us:

..... D.O.B...../...../.....

..... D.O.B...../...../.....

..... D.O.B...../...../.....

..... D.O.B...../...../.....

I agree to these medical records being transferred to the Peninsula Medical Centre.

Sign:.....

Previous Doctors Office use only:

Please forward the above Patients medical records with a copy of this form.

Please tick the appropriate box/boxes when sending records so we know what format to look for:

Sent by mail YES or No records here

Sent by E.D.I YES or No records here

Thank you
Receptionist