



BEDFORD MEDICAL CLINIC
 1284 South Road TONSLEY SA 5042
 Ph (08) 8276 5055 Fax (08) 8374 3938



**Transfer of Medical Records
 Request and Authority Form**

To:	
Clinic:	
Fax:	
<p>The following patient/family has transferred their care to our practice. We would be grateful if you could forward their clinical information and notes to our practice for continuity of their care.</p> <p>Please find below the names of the involved patients who give permission for their records to be sent to Bedford Medical Clinic.</p>	
Patient Full Name:	DOB: / /
Patient Full Name:	DOB: / /
Patient Full Name:	DOB: / /
Patient Full Name:	DOB: / /
Patient Full Name:	DOB: / /
Address:	
Patient's Signature:	

Yours sincerely

Bedford Medical Clinic

This transmission is intended only for the use of the addressee and may contain confidential information. If you are not the intended recipient, you are hereby notified that any use or dissemination of this communication is strictly prohibited. If you have received this transmission in error, please contact us.