



Level 1 Shop 217, Newmarket Reading Shopping Centre  
400 Newmarket Rd, Newmarket 4051 | PO Box 3544, Newmarket 4051  
Phone: 3356 3435 Fax: 3356 2768 [newmarketfamilydoctors.com.au](http://newmarketfamilydoctors.com.au)

## Transfer of Records Request

Practice Name: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Dear Doctor/Practice,

The following patients are now attending Dr \_\_\_\_\_ and would like to transfer their medical records in both XML and HTML electronic format for import into Medical Director 3.

If you have any problems with this type of transfer, please contact us. Please ensure you include any recalls and reminders so these can be followed up.

Many thanks,  
Newmarket Family Doctors

Date: \_\_\_\_\_

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Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_

### Other Family Members Whose Records I Wish to Transfer:

Please write name and date of birth below. If the family member is over 18 then please sign next to the name.

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