**Dr Raymond J Mullins**

PO Box 4206, Kingston ACT 2604

**REQUEST FOR TRANSFER OF MEDICAL RECORDS**

***Note:* a payment of $50 per request is required (no GST) before a request can be actioned. There is NO Medicare rebate or item number for this fee. We will send you payment details upon receipt of a request. Our aim is to supply requested records within a month of receipt of payment (where possible). *A separate request for each individual is required.***

**Receiving practice name**

Tel:

Fax:

Email (if available)

**PATIENT DETAILS**

Name (or previous name)

Date of birth

Address

Email

Patient Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is now attending this practice and has requested that a copy/summary of their medical records be forwarded to the above address.

Date of request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_