



# Swansea Medical Centre

ABN 44 108 277 636

45 Josephson Street, Swansea, N.S.W. 2281  
Telephone: (02) 4971 1911 After Hours: 1300 130 147  
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DR. VISHU THERA  
Provider No. 4131121Y  
ABN 73 323 909 012

DR. BENNY BAHTAM  
Provider No. 4942961J  
ABN 68 489 199 436

DR. RAVI VALLABHANENI  
Provider No. 2980058T  
ABN 18 525 129 418

DR. POORNASITA KUMAR  
Provider No. 4698681H  
ABN 89 468 744 584

DR. LAURIE LACK  
Provider No. 489904F  
ABN 33 901 830 764

DR. GILLIAN FENTON  
Provider No. 330388W  
ABN 82 368 608 945

DR. MARY PRICE  
Provider No. 000482EF  
ABN 52 836 207 652

DR. AMBAREESH MOHAN  
Provider No. 437822VT  
ABN 36 914 852 354

Dear Dr.....  
Doctor's address, phone or fax .....  
.....

The following patient/s are now attending our practice and request that their medical records are forwarded to the above address. If you are able to send the records electronically please do so. Thank you.

**\*\*If you are sending notes electronically, our practice uses Best Practice software \*\***  
**\*\*If you are faxing please don't fax anything more than 12 pages\*\***

Could you please assist us by advising if your patient/s has had any of the following assessments or reviews conducted in the last 2 years:

GPMP	Date:	Team Care Arrangement	Date:
Health Assessment	Date:	Home Medication Review	Date:
GP Mental Health Plan	Date:	Diabetes Cycle of Care	Date:
GP Mental Health review	Date:	45-49 years check	Date:
Healthy Kids check	Date:	Asthma Cycle of Care	Date:

Names: .....Date of Birth.....  
.....Date of Birth.....  
.....Date of Birth.....  
.....Date of Birth.....

Present Address.....  
Previous Address.....

Yours sincerely  
Drs Thera, Bahtam, Vall, Kumar, Lack, Fenton, Price & Mohan

I hereby give permission for release of my medical records

Patient's authority: Signature.....Date.....