



# Swansea Medical Centre

3 Josephson Street, Swansea NSW 2281  
Telephone (02) 4971 1911 Fax (02) 4971 1235  
Email: admin@swanseamedical.com.au

Dear Dr.....

Doctor's address, phone, fax or email:.....

The following patient/s are now attending our practice and request that their medical records are forwarded to our practice at your earliest convenience. If you are able to send the records electronically this is preferable in XML format. 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\*\***

**Our practice does not accept hard copy records over 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: (if sending paper file only fill this section in)

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, Kumar, Prabakar, Price & Karen**

I hereby give permission for release of my medical records

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

Full name:.....

Relationship to person/s above if signing on behalf of a minor.....