1/55 Murdoch Drive Greenfields, WA, 6210
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Healthlink EDI: dynamicd
ABN: 57 793 585 291

REQUEST FOR TRANSFER OF MEDICAL RECORDS

To: _____ (Medical Practice)

_____ (Address)

Dr: _____ (Dr Name)

We wish to advise that the following patient(s) are now attending Dynamic Doctors Group, and we would like to have their medical records transferred as requested by the Patient. We would appreciate it if you could forward the following information to assist with their continuing care.

- **Complete Health Records**
- **Patient Health Summary**
- **Referrals**
- **Management Plans completed within the last 12 months**
- **Correspondence**
- **Results (Pathology etc.)**

Best Practice is our Software provider. Please email an exported XML file if possible.
PLEASE NOTE THAT WE CAN NOT ACCEPT RECORDS ON DISC.

I hereby authorise the release of my/our medical records to Dynamic Doctors Group.

Patients Name: _____ **D.O.B:** _____

Address: _____

Patient Signature: _____ **Date:** _____

Parent Signature (If Patient under 18 years old): _____

To further enable our doctors in providing the best possible care, please indicate if any of the items below have previously been done:

Item Number	Description	Date billed
701 / 703 / 705 / 707	Health Assessment	
721	GP Management Plan	
723	Team Care Arrangement	
732	GP Management Plan Review	
2700 / 2701 / 2715 / 2717	Mental Health Plan	
2712	Mental Health Plan Review	

Kind Regards
Dynamic Doctors Group