

EAST CORRIMAL MEDICAL CENTRE

Address: 17-19 Murray Road, East Corrimal, NSW 2518

Phone: 02 42844677 Fax: 02 42831785

**This practice prefers to send and receive reports via
ARGUS: 540252@argus.net.au OR Healthlink: ecmedcen**

REQUEST FOR TRANSFER OF MEDICAL RECORDS

Dear _____,

We would like to inform you that _____ is now attending our practice.
For continuity of care, would you please provide the following patient records:

- Full patient records (XML. file on usb/disc)
- Patient health summary

Patient consent:

I consent for the requested medical records to be sent to East Corrimal Medical Centre.

Name:

DOB:

Signature: _____

Date:

Kind regards,
ECMC Team