

# EAST CORRIMAL MEDICAL CENTRE

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

P: 02 4284 4677 | F: 4283 1785

## TRANSFER OF MEDICAL RECORDS OUTGOING

Dear Practice,

We acknowledge that you have indicated that one of our former patients,  
\_\_\_\_\_, will now be attending your practice.

For continuity of care we are more than happy to cooperate with transfer of medical records. Please see below our schedule of fees for transfer for the patients record.

Record Type	Format	Fee
Patient Health Summary	Paper	Free
Full Medical Records	'XML' File on USB	\$33

*Please indicate what type of records are required by the patient and their preferred payment option.  
Please forward to patient if necessary.*

### REQUIRED DOCUMENTS:

- Patient Health Summary
- Full Medical Records

### PAYMENT OPTIONS:

- Cash (in clinic)
- EFTPOS (in clinic or over the phone)
- Bank Transfer
  - Account Name: East Corrimal Medical Centre
  - BSB: 082916
  - Account Number: 838457741
  - *Description*: Please put your first initial and surname e.g. J. Smith

Warm regards,  
ECMC Team