



ABN: 48 532 182 455
496 Napier Street WHITE HILLS
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MEDICAL HISTORY TRANSFER REQUEST

Dr Fady Henry
MBBCH, FRACGP, DCH
DipDerm, GardCerMH, AMC
Provider No: 262655HJ

Date: _____

RECORDS TO BE SENT FROM:

Doctor's Name: _____

Doctor's Address: _____

Phone: _____ Fax: _____

Dear Sir/Madam

The following patient/s are now attending our practice. We would be most grateful if you could forward copies of their Health Summary, including Management Plans, Team Care Arrangements & specialist letters. We would appreciate a hard copy of the records.

ONLY SEND DISKS FOR MEDICAL DIRECTOR

Patient Name: _____

Name: _____ DOB: _____ Signature: _____

Name: _____ DOB: _____ Signature: _____

Name: _____ DOB: _____ Signature: _____

Name: _____ DOB: _____ Signature: _____

Patients over the age of 16 must sign for themselves.

We would appreciate if you would advise us if the patient(s) have had any of the following item numbers billed in the last 12 months.

Item Number	721	723	2715	2712	705	707
Date Billed						

Thank you

DOCTOR'S SIGNATURE: _____

Dr Fady Henry

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