

# EAST DONCASTER MEDICAL GROUP

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## Authority to Transfer Health Information from a Previous Doctor

**Date:** \_\_\_\_\_ **Doctor:** \_\_\_\_\_

**Practice:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Post Code :** \_\_\_\_\_

Dear Doctor,

The patient, listed below, is now attending the East Doncaster Medical Group. Would you please send us a copy of their medical records, including letters and documents, and any other information that may be helpful in future management.

An electronic copy in XML format for Medical Director by CD would be appreciated.

If you are not using Medical Director, then please create the CD as an HTML file.

Your sincerely,

**East Doncaster Medical Group**

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**Names:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**PH:** \_\_\_\_\_

**I hereby give permission for my medical records to be forwarded to the East Doncaster Medical Group.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_