



Elder Street Practice  
92 Elder Street  
Lambton NSW 2299

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Elder St Practice uses "Best Practice"  
Preferred format: XML saved to CD/USB

**Request for Medical Records**

Dear Dr: \_\_\_\_\_

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

\_\_\_\_\_

**Patient Details:**

PATIENT'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

I am now attending Elder St Practice and would like my records transferred. I hereby give written permission for the release of my complete medical records.

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Family Members to transfer:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Please indicate billing date, if any, for the following items:

Item 705-7017 Health Assessment Date: \_\_\_\_\_

Item 721 GPMP Date: \_\_\_\_\_

Item 723 TCA Date: \_\_\_\_\_

Item 732 Review of GPMP/TCA Date: \_\_\_\_\_

Item 2517 Diabetes Cycle of Care Date: \_\_\_\_\_

Item 2700/2715-2717 Mental Health Plan Date: \_\_\_\_\_

Item 2712 Review of Mental health Plan Date: \_\_\_\_\_

I would be grateful if you could forward a copy of the above patient/s medical records to assist in the ongoing care of the patient.

Yours sincerely  
**Elder St Practice**

Per:

Dr Lee Drury

Dr Salomi Roy  
Dr Catherine Hollier

Dr Lisa Wall  
Dr Fiona Middleton

Dr Tyler Schofield  
Dr Sam Brentnall