

GALSTON FAMILY PRACTICE

Shop 4,350 Galston Road,

Galston NSW 2159

Ph: 02 9653 1395 Fax: 02 9653 1514

Email: admin@galstonfamilypractice.com.au

REQUEST TO OBTAIN MEDICAL RECORDS

Date: _____

Name & Address of Previous Medical Practitioner:

Phone: _____

Fax: _____

Dear Doctor,

The following patients are now attending this practice and hereby given written permission for release of their medical records:

Name	Date of Birth	Contact Number	Signature

Could you please provide a summary or photocopy of their medical history, and copies of important letters and investigations.

Thank You.