

Veritas Health Care Medical Centre

Shop 3 Rangeway Shopping Centre, Rifle Range Road, Rangeway WA 6530

PO Box 7281, Geraldton WA 6531

Telephone: 08 9935 9490 Fax: 08 9935 9510

Email: reception@veritashealthcare.com.au

Date: _____

REQUEST FOR PATIENT MEDICAL RECORDS FROM:

Previous Practice Name(s): _____

Fax Number: _____

I, _____ of

Address _____

DOB: _____

Patient Signature _____

(for minors) Parent/Guardian Name _____

Parent/Guardian Signature _____

now attend the Veritas Health Care Medical Centre.

I hereby give authorisation for Veritas Health Care Medical Centre to request a copy of my medical records. I would also like a copy of my family member’s medical records transferred to Veritas Health Care Medical Centre.

Family Members

1 _____ DOB: _____ Patient Signature _____

2 _____ DOB: _____ Patient Signature _____

3 _____ DOB: _____ Patient Signature _____

4 _____ DOB: _____ Patient Signature _____

Dates when MBS item numbers were last offered:

Item number	Description	Date service last offered
721	GPMP	
723	Team care Arrangement	
732	Review of GPMP/Team care	

I have read and understand Veritas HC privacy policy statement – copy can be found on www.veritashealthcare.com.au or on request via reception.

NOTE: We use Best Practice software. Please send the file as XML format, can be emailed or saved on a disk and posted to us.