



**Fairfield Medical Centre**

**REQUEST TO HAVE  
MEDICAL RECORDS TRANSFERRED**

Each person 16 years or over to complete and sign own form

In order to receive the best care possible, I agree to **Fairfield Medical Centre** obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

To: \_\_\_\_\_ **[Name of previous Doctor]**

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

Please transfer the medical records for the following people to Fairfield Medical Centre'

NHI	Family Name	Given Names	Date of Birth

Frank Cullen 08449		Jonathon Phillips 32976		Hiruni Senanayake 50474	
Ed Barrio 37396		Kubendra Naicker 39695		Paddy Bhula 14872	
Trudi Zillkes 35178					

Our practice is able to receive and would prefer electronic GP2GP notes transfer. Thank you ☺

Our EDI is: fair

Signed: \_\_\_\_\_ Date: \_\_\_\_\_