PHG on Ruby - 53 Ruby St, Emerald 4720
Emerald Surgery – 46 Ruby St, Emerald 4720
PH: (07) 4910 7800 | Fax: (07) 3040 4434
E: myGP@priorityhealthgroup.com.au
www.priorityhealthgroup.com.au | www.dermdoctor.com.au

Transfer of Medical Records Consent Form

Patient details

Title	☐ Mr ☐ Mrs ☐ Ms ☐ Mast ☐ Miss ☐ Other
Family name	
Given name/s	
Date of birth	
Address	

Transfer records from

Clinic name		
Clinic address		
Phone		Fax

I request that a copy of my medical history or summary be forwarded to:

Priority Health Group 53 Ruby St Emerald Queensland Australia 4720 Ph: +61 7 4910 7800 Fax: +61 7 3040 4434 Email: myGP@priorityhealthgroup.com.au	☐ Full electronic file XML format Best Practice ☐ Health summary ☐ Other information:

Family members to include in transfer *(Signature only required if family member is 16 years or older)*	Name	D.O.B	Signature
	Name	D.O.B	Signature
	Name	D.O.B	Signature
	Name	D.O.B	Signature
	Name	D.O.B	Signature
	Name	D.O.B	Signature

I understand that a fee may be charged by the transferring practice. I authorise the release of my medical information or records to Priority Health Group.

Signature of person requesting:_____ Date:_____