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## REQUEST FOR TRANSFER OF MEDICAL RECORDS

To: \_\_\_\_\_ (Medical Practice)

\_\_\_\_\_ (Address)

Dr: \_\_\_\_\_ (Dr Name)

We wish to advise that the following patient(s) are now attending Dynamic Doctors Group, and we would like to have their medical records transferred as requested by the Patient. We would appreciate it if you could forward the following information to assist with their continuing care.

- ◆ Complete Health Records
- ◆ Patient Health Summary
- ◆ Referrals
- ◆ Management Plans completed within the last 12 months
- ◆ Correspondence
- ◆ Results (Pathology etc.)

***PLEASE NOTE THAT WE CAN NOT ACCEPT RECORDS ON DISC.***

I hereby authorise the release of my/our medical records to Dynamic Doctors Group.

Patients Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (If Patient under 18 years old): \_\_\_\_\_

*To further enable our doctors in providing the best possible care, please indicate if any of the items below have previously been done:*

Item Number	Description	Date billed
701 / 703 / 705 / 707	Health Assessment	
721	GP Management Plan	
723	Team Care Arrangement	
732	GP Management Plan Review	
2700 / 2701 / 2715 / 2717	Mental Health Plan	
2712	Mental Health Plan Review	

Kind Regards  
Dynamic Doctors Group

Dr Keith Williams Provider: 2983805F  
Dr Mirna Williams. Provider: 2991703K  
Dr Bryan Rostin Provider: 233746HW  
Dr Celeste Trichardt Provider 4589903F

Dr Hendrik van Rooyen Provider: 2751395B  
Dr Vivien Dempsey Provider: 2904495L  
Dr Philip De Ronchi Provider: 461018PY

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