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## REQUEST FOR TRANSFER OF MEDICAL RECORDS

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

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

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

Dear Dr,

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.)**
- ◆ **All BILLING CODES for the last 12 months including GP Mental Health Care Plans and Health Assessments.**

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): \_\_\_\_\_

Kind Regards  
Dynamic Doctors Group

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

Dr Hendrik van Rooyen    Provider: 2751395B  
Dr Vivien Dempsey        Provider: 2904495L  
Dr Philip De Ronchi        Provider: 461018PY  
Dr Deepika Perera         Provider: 279485DF