

WE CARE HEALTH – BATHURST

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355 Durham St, West Bathurst NSW 2795



Date: _____

Dear Dr: _____

Medical Centre: _____

Ph: _____

Fax: _____

Re: _____ DOB: _____ Sign: _____

Re: _____ DOB: _____ Sign: _____

Re: _____ DOB: _____ Sign: _____

Re: _____ DOB: _____ Sign: _____

Present Address: _____

Contact Number: _____

I hereby authorise my/our medical records to be transferred to the We Care Health – West Bathurst at 355 Durham St, West Bathurst NSW 2795

Please forward the relevant Medical Records at your earliest convenience in **XML** format please, if not HTML will be fine.

DO NOT SEND PAPER RECORDS- Please contact the practice for alternate methods

If there is a fee involved, could you please notify the patient and send a health summary ASAP to ensure the best care for the patient.

Could you please also indicate the dates that the following items were last claimed for the patient

GPMP/TCA -721/723		GPMHP - 2700/2701/2715/2717	
Diabetes Cycle of Care		ATSI Health Assess- 715	
+75 Year Health Assess		Medication Review	
45-49 Year Check		Comprehensive Medical Assess	

Office Use Only: MRT Register: _____

Faxed: _____

Scanned: _____