

# Station Street Clinic

34 Station Street, Pakenham VIC 3810

Ph: 03 5941 1611

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## Authority to release patient medical records to Station Street Clinic

Date \_\_\_\_\_

I \_\_\_\_\_ (print full name)

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Give my previous doctor \_\_\_\_\_ of

\_\_\_\_\_ (clinic name, address, phone and fax)

Permission to release my medical records to Station Street Clinic.

**(CD only XML or HTML– no paper records - XML format is preferred if compatible with Best Practice**

Patient signature \_\_\_\_\_

Please advise us when/if the following have been previously billed:

GPMP	Item 721	Date _____
TCA	Item 723	Date _____
GPMP Review	Item 732	Date _____
TCA Review	Item 732	Date _____
GPMHCP	Items 2712,2715,2717	Date _____
HMR	Item 900	Date _____
Health Assessment Over 75 Years Old		Date _____

Date request sent \_\_\_\_\_