



Shop 8/2 Patricks Road, Arana Hills QLD 4054
Phone: 07 3351 8900 Fax:
Email:

Dr Kyaw Zin Htet Dr Samir Massiha

Transfer of Medical Records

Doctor: _____ Surgery: _____

Phone: _____ Fax: _____

The following patient or patients are now attending the Qld Medical Doctors; I would be grateful if you could forward a complete copy of the medical records via Medical Objects if you prefer at your earliest convenience.

Patient Name and Date of Birth

Also, could you please advise if the following Care Plans have been completed and if so corresponding dates

Please advise last billing date for items below:

965/967		707/705	
MHCP			

I give permission for the release of my medical records to the above practice.

_____ Patients Signature