

## TRANSFER OF RECORDS FORM

### PREVIOUS PRACTICE

Dear Dr: .....

Address: .....

Email: ..... Phone: .....

### PATIENT CONSENT

I .....

Herby consent to release my full medical records to:

West Kentish General Practice  
628 West Kentish Road  
West Kentish TAS 7306  
Phone: 0437 034 714  
Email: [admin@westkentishgp.com](mailto:admin@westkentishgp.com)

### PATIENT DETAILS

Name: .....

DOB: .....

Address: .....

Previous Address: .....

**Signature of patient or guardian:** ..... **Date:** .....

\*\* We prefer an electronic copy of the records in XML format.

\*\*Postal Address: 286 Old Paradice Road, Sheffield TAS 7306