



332 OLD CLEVELAND ROAD  
COORPAROO QLD 4151  
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[reception@coorparooclinic.com.au](mailto:reception@coorparooclinic.com.au)

### REQUEST FOR MEDICAL RECORDS

DATE:
SEND TO:
ADDRESS:
PHONE NUMBER:
FAX NUMBER:

The patient/s below are now attending this practice. To assist with the ongoing care of this patient we would like to request a copy of the patient’s medical file.

The patient is seeing Dr ..... Provider Number .....

**If applicable could you please also advise the dates if any, of the following item numbers have been billed:**

**721/723      732      703      900      2700/2701      2715/2717      2712**

Patient Name: ..... DOB: ..... Signature: .....
Patient Name: ..... DOB: ..... Signature: .....
Patient Name: ..... DOB: ..... Signature: .....
Patient Name: ..... DOB: ..... Signature: .....
Current address for above patients: .....
.....
Prompt response of this request will ensure that the patient’s care is continued without disruption

Please note that the original Medical Records remain the property of the Coorparoo Clinic.

We are happy to send copies of the doctor’s notes and pathology, but letters from Specialists can be requested and obtained from the Specialist.

Thank you for your assistance.