

We Care for your Health

Date: \_\_/\_\_/\_\_\_

## Romsey Medical Centre Lancefield Medical Centre

Postal address for both Centres:

99 Main Street
Romsey Vic 3434

(a) (03) 5429 5254
(b) (03) 5429 6147
(c) (03) 5429 6147
(c) (03) 5429 6147
(c) (03) 5429 6147

## **Authority To Release Medical Information**

To: Address:		(Previous Clinic)
=ax:		
the Romsey o medical inforr	or Lancefield Me mation in the for ongoing medico	appears below, has indicted that he/she/entire family wishes to attendedical Centre on a regular basis. Would you kindly provide sufficient m of a summary letter (full medical records are not required) to enable all care. Please also include the following items if applicable:  Copy of last Health Assessment Copy of GP Management Plan (721)
• (		Copy of Team Management Plan (723)
		Copy of 45-49yr old Health Assessment
		Copy of GP Mental Health Care Plan (2710)
	• Ir	mmunisation history
Please forwa	rd all information	to the Romsey Medical Centre at the above address.
Yours sincerely	У,	
Romsey & Lance	field Medical Centre	5
request that	all medical infor	mation be forwarded:
Patient's NAM	F٠	
Date of Birth:		
ADDRESS:		
OTHER FAMILY	MEMBERS.	
nclude date Signature for a members	of birth and	
SIGNATURE:		Date://_