



TO:

<CntDetails>

Dear Doctor

The following patient/s are now attending this surgery.

I would be grateful if you could forward an electronic copy of their medical notes in **XML or PDF format** or hard copies if unable to send electronically, at your earliest convenience. Our medical software is Best Practice.

Re: <PtFullName>	DOB: <PtDoB>
Re: _____	DOB: _____
Re: _____	DOB: _____
Re: _____	DOB: _____
Re: _____	DOB: _____

CONSENT:

I hereby authorise the transfer of any relevant medical details to assist in my/our future care

Signed

Date: <TodaysDate>

With thanks

Yours faithfully

Dr <DrFirstName> <DrSurname>
STIRK MEDICAL GROUP

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