

STIRK MEDICAL GROUP



TO:

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Dear Doctor

The following patient/s are now attending this surgery.

I would be grateful if you could forward a copy of their medical notes in **XML or PDF format** only (we cannot accept any other format), or in hard copy, at your earliest convenience.

Re: _____ DOB: _____
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

With thanks

Yours faithfully

Dr
STIRK MEDICAL GROUP

8 CANNING ROAD
KALAMUNDA WA 6076
PH: (08) 9293 3022
FAX: (08) 9257 1699

32 NEWBURN ROAD
HIGH WYCOMBE WA 6057
PH: (08) 9454 5233
FAX: (08) 9454 6664

113 EDNEY ROAD
HIGH WYCOMBE WA 6057
PH: (08) 9454 4431
FAX: (08) 9454 4205

16 MEAD STREET
KALAMUNDA WA 6076
PH: (08) 7079 9095
FAX: (08) 7079 9041