Dr Dragan Talic
Dr Cameron Osborne
Dr Anna McElrea
Dr Leonie Todhunter
Dr Aneesa Taylor
Dr Jonathan Tey

7 Plimsoll St
Greenslopes QLD 4120
P: (07) 3397 1875 F:(07) 3397 3310

Permission to Transfer a Copy of Medical Records

PATIENT DETAILS

First name: ______________________________

Surname: ______________________________

Date of Birth: ______/______/__________

Address: ______________________________

____

____

Contact phone No: ______________________________

I hereby grant permission to Greenslopes Family Practice to obtain my records from your Medical facility

Patient Signature:______________________________**Date:**______/______/__________

Records required:

☐ **Medical Records** ☐ **Specialist Letters**

☐ **Pathology Results** ☐ **Investigation Reports**

We would also appreciate the EPC History of the patient:

Item Number	Date Billed	Item Number	Date Billed
721		701, 703,705,707	
723		2715, 2717, 2712, 2700,2701	
732		900 (HMR)	

Medical Facility Details:

Name of Medical Centre/Hospital:______________________________

Address: ______________________________

____

Phone No: ____________________ **Fax No:** ____________________