

## Request for Transfer of Medical Records

To whom it may concern,

**Previous Practice:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**I authorise you to release my records to Walker St General Practice.**

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above patient is now attending our practice and their medical records will be beneficial for their care. Please copy records digitally to USB in the XML format if using Medical Director. All other programs please copy to USB in HTML format. Alternatively, a Full Health Summary plus relevant recent specialist reports and investigations would also be acceptable.

*Last Service Provided*

*Care Plan Item Numbers 721,723 or 732,732:*

*Diabetes Item Number 2521:*

*MHCP Item Number 2717, 2715, 2713, 2712:*

*Outstanding Actions/Recalls:*

Kind Regards,  
Administration Team