



DURRANT MEDICAL CLINIC
'we care about your health & wellbeing'
 29 Durrant Street, Brighton, VIC. 3186
Phone: (03) 9592 5133 **Fax:** (03) 9592 7394
www.durrantmc.com.au
Email: dmcstaff@durrantmc.com.au

PATIENT FILE TRANSFER REQUEST

To: Dr.

Address:

.....

Re:

D.O.B:

Address:

.....

Additional family members to be transferred: (over 18's signature required)

..... D.O.B:

..... D.O.B:

..... D.O.B:

The above named patient has elected to attend Durrant Medical Clinic for future medical care.

As we are a paperless clinic, please forward a copy patient's medical history, including specialist reports, relevant investigations and treatments.

- We prefer history sent via:
- 1) Argus argus@durrantmc.com.au
 - 2) Medical Director on CD MD3 (.xml file)
 - 3) Other Program on CD (.html file)

The patient has signed an authority requesting you to release this information.

Yours faithfully,
 Dr. Jansz, Dr. Price, Prof. McMenamin, Dr. Visoui, Dr. Lin, Dr. Sammut, Dr. Cai

***** Patient Authority *****

Please forward all relevant medical records relating to the above mentioned patient to Durrant Medical, 29 Durrant Street, Brighton 3186.

Patient Signature: Date:

Name in full: (Please PRINT)