



WHANGAMATA MEDICAL CENTRE

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Each person 16 years or over to complete and sign own form

To: Fax no:.....

Address: Ph no:.....

Please transfer the medical records for the following people to:

Whangamata Medical Centre, 103 Lincoln Rd, Whangamata 3620

PLEASE SEND BY GP2GP OR POST (We do not accept EDI outbox file transfer)

Dr Michael Miller NZMC 17239

EDI : whanmcwh

Please print and fax/post a list of recalls before you change the status of the patient as these do not transfer in GP2GP.

Family Name	Given Names	Date of Birth

Current Address:

.....

Signed: Date:

Fax Back Acknowledgement:

Medical Records Received

Medical Centre: Date:

Signed: