



## MJD HEALTH MEDICAL CLINICS

**Emerald Lakes Medical Clinic**

10/3027 The Boulevard, Carrara 4211  
P: (07) 5594 5551  
F: (07) 5594 5553  
E: emeraldakesmedical@outlook.com

**Maudsland Medical Centre**

9/141 Maudsland Rd, Maudsland 4210  
P: (07) 5519 9966  
F: (07) 5580 0031  
E: maudslandmedical@outlook.com

### TRANSFER OF MEDICAL RECORDS CONSENT FORM CONSENT FORM

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Suburb \_\_\_\_\_

Post Code: \_\_\_\_\_

Ph: \_\_\_\_\_

Fax: \_\_\_\_\_

Dear Dr,

\_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Suburb \_\_\_\_\_

Post Code: \_\_\_\_\_

Ph: \_\_\_\_\_

Is now attending our clinic for their healthcare needs. We would be grateful if you could send any health summaries, diagnostic results and specialist letters for future reference for ongoing care. We use Medical Director and records can be transferred via MD exchange.

I/we give full authority to release my/our records to MJD Health Medical Clinics.

I/we appreciate your help in obtaining these records and if you have any queries please contact MJD Health Medical Clinics on 07 5594 5551.

Patient Authority: \_\_\_\_\_

Full Name

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Whitness Name: \_\_\_\_\_