

Kellie Bradbury

Psychologist

Provider No 4963586j

Lvl 3, 7-11 Short Street, Southport, QLD, 4215

T- 07 55979040 F-07 5597 9045

Medical Records Transfer Request Form

Dear Doctor / Practice: _____

Address: _____

Fax/Email: _____

The patient/s mentioned below would like to request that their full medical history be electronically exported and sent to; The Healthy Brain and Memory Centre

Patient Name: _____

DOB: _____

Signature: _____

Date: _____

Witnessed By : _____

Signature of Witness: _____

By signing this form, I _____ authorise you to release confidential health information about me to the doctor / practice mentioned below, who is now responsible for my ongoing care.

Signature:

Date: