

Dr Sanil Rege
Dr Ruwan Haputhantridge
Dr Ricardo Peralta
Dr Sujit Sharma
Dr Victor Ojo
Dr Bharat Saluja



Tracey Gemmell
Jennifer McGowan
Dr Kimberly O'Keefe
Errol Acyalcin

REQUEST FOR TRANSFER OF MEDICAL RECORDS

To: _____ (MEDICAL PRACTICE NAME)

_____ (MEDICAL PRACTICE ADDRESS)

DR: _____ (DRS NAME) _____ (FAX)

Dear Dr,

We wish to advise you that the following patient(s) are now attending this medical practice and would like to have his/her/ their medicals records transferred. We would appreciate it if you could send any relevant information which would assist with their continuing care.

Records to be forwarded to:

Dr _____ AT Vita Health Care

Doctors/ Practice Managers Signature _____
Vita Health Care

I hereby authorise the release of my/ our medical records to Vita Health Care.

Patients Name: _____ **D.O.B.** _____

Address: _____

Patient's Signature _____

Date _____

Please include other members of my family (18 years and under) as listed:

Re: _____ **D.O.B.** _____

Re: _____ **D.O.B.** _____

Re: _____ **D.O.B.** _____