Dr Dragan Talic
Dr Cameron Osborne
Dr Anna McElrea
Dr Leonie Todhunter
Dr Aneesa Taylor
7 Plimsoll St
Greenslopes QLD 4120
PH: (07) 3397 1875 Fax:(07) 3397 3310

Permission to Transfer a Copy of Medical Records

PATIENT DETAILS

First name: _____

Surname: _____

Date of Birth: _____

Address: _____

_____

_____

Contact phone No:_____

I hereby grant permission to Greenslopes Family Practice to obtain my records from your Medical facility

Patient Signature:_____ **DATE** _____

Records required:

□ **Medical Records** □ **Specialist Letters**

□ **Pathology Results** □ **Investigation Reports**

We would also appreciate the EPC History of the patient:

Item Number	Date Billed	Item Number	Date Billed
721		701, 703,705,707	
723		2715, 2717, 2712	
732			

Medical Facility Details:

Name of Medical Centre/Hospital:_____

Address: _____

_____

Phone No: _____ **Fax No:** _____