



Berri Medical Clinic



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Gilbert Street, BERRI, SA 5343

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ABN: 41095895240

REQUEST FOR NOTES

Date: _____

Doctor/Specialist: _____

Surgery/Clinic: _____

Postal Address: _____

State: _____ Postcode: _____

Phone Number: _____

PLEASE PROVIDE MEDICAL RECORDS FOR:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Dr Doctor Concerned,

The above patient(s) are currently seeking medical treatment at this clinic and they have requested that we obtain their past medical records.

We would appreciate it if you could forwards a health summary for the above mentioned to our medical clinic at your earliest convenience. Please **do not** send original notes.

Thank you for your help.

Yours faithfully,

Patient Signature

Doctor Signature