



# Berri Medical Clinic

Cornwall Street, BERRI, SA 5343  
Ph: (08) 85822 855 Fax: (08) 85823 413  
www.berrimedical.com.au  
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**