



FRASER
SHORES | MEDICAL
 CENTRE
 Experienced. Committed. Quality Healthcare.

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 ABN 43 101 885 803

DR BENJAMIN OMOWAIRE – DR NILANTHA ATAPATTU

DR GOUTHAMI SUNKANAPALLY – DR CONSTANCE JOSEPH - DR HENRY SABONDO

Date :.....

DOCTOR / MEDICAL PRACTICE :

.....

Tel :..... Fax :.....

The following patient/s is / are now attending our practice. Would you kindly forward any relevant records that may be of assistance in the continuation of care?

Could you please assist us with the following information?

Health Assessment :/...../.....

Care Plan :/...../.....

EPC :/...../.....

PATIENT AUTHORITY

I / we would like for my / our records to be sent to the above Medical Practice.

Name :.....

Date of Birth :.....

Address :.....

.....

SIGNATURE :

LIST OF OTHER FAMILY MEMBERS

Name :.....DoB :..... SIGN :

Name :.....DoB :..... SIGN :

Name :.....DoB :..... SIGN :