

Hughes Clinic  
160 Unley Road UNLEY SA 5061  
Telephone: 8272 8266 Facsimile: 8271 9421  
Email: hughes@hughesclinic.com.au

Requesting Doctor \_\_\_\_\_

Signature \_\_\_\_\_

# Medical Records Request

Date:

Practice:

Address:

Fax:

Telephone:

Please see below guide on how to send us Medical Records

**Post** – Please send via Registered Post

**Disc** – We use Best Practice and can import records exported from Medical Director

## Request for Medical Records

The patient(s) named below are now attending Hughes Clinic. Would you please provide us with a summary of their medical records, to assist with their ongoing care, including the dates and results of the most recent procedures marked below.

### Patient Details

Surname	Given names	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Dependants (children under 16)

Surname	Given names	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of patient, parent or guardian

Date

\_\_\_\_\_

\_\_\_\_\_

Name of signee if not patient

\_\_\_\_\_

### Please provide us with the below

Medical Summary  Specialist Letters  Other \_\_\_\_\_  
Recent Results  Vaccinations

Please indicate when any of the following Medicare item numbers were most recently billed

GPMP/TCA	___/___/___	GP Mental Health Care Plan	___/___/___
Asthma cycle of care	___/___/___	Annual Medication Review	___/___/___
Diabetes Cycle of care	___/___/___	Home Medication Review	___/___/___