

MULLUMBIMBY MEDICAL CENTRE

60 Stuart Street, Mullumbimby NSW 2482

Tel: 02 66841511 Fax: 02 66841071

Date:

Medical Records,

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Dear Medical Records ,

RE: **Request for Medical Records**

Patient:.....

DOB:.....

Would you please forward any medical records/ Discharge Summaries etc.
pertaining to the above patient for ongoing patient care. Thank you.

Yours sincerely,

Patient's Signature:

Please address to: Dr.....