

MULLUMBIMBY MEDICAL CENTRE

60 Stuart Street, Mullumbimby NSW 2482

Tel: 02 66841511 Fax: 02 66841071

Date:

Dr:
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Dear Dr ,

RE: **Request for Medical Records**

Patient:.....

DOB:.....

Would you furnish me with copies of my personal medical records/results held at this surgery.

Yours sincerely,

Patient's Signature: