

Medical Records Transfer Request Form

Please forward the below completed form to:

Albury: albury.admin@ihealthgroup.com.au

Langwarrin: Langwarrin.admin@ihealthgroup.com.au

Dear Doctor / Practice: _____

Address: _____

Fax/Email: _____

The patient/s mentioned below would like to request that their full medical history be electronically exported and sent to;

Innovate Health Albury

or

Innovate Health Langwarrin

2/469 Olive Street

18/385 Frankston – Cranbourne Road

Albury NSW 2640

Langwarrin VIC 3910

Patient Name	DOB	Signature

By signing this form, I _____ authorise you to release confidential health information about me to the doctor / practice mentioned below, who is now responsible for my ongoing care.

Signature:

Date:

Please do not send the records via printed copies and fax. We accept XML in a CD as we are using Best Practice. If you have any troubles with this type or transfer, please contact us.

