Morrinsville Medical Centre

MIDLANDS HEALTH NETWORK

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

EACH PERSON 16YRS OR OVER TO COMPLETE AND SIGN OWN FORM

In order to receive the best care possible, I agree to Morrinsville Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from their patient register.

Previous Medical Centre:____________________________________

Address of Medical Centre:__________________________________

Phone:________________________ Fax:_______________________

Please transfer the medical records for the following people to Morrinsville Medical Centre.

Family Name	Given Names	DOB or NHI

Our practice is able to receive and would prefer electronic GP2GP notes transfer.

EDI: morrinmc

Dr Chris Douie NZMC 32606 ○
Dr Thaier Maky NZMC 33294 ○
Dr Naresh Parsotam NZMC 14107 ○
Dr Anne Murphy NZMC 09021 ○
Dr Gishani Egan NZMC 32030 ○

Signed: ________________________ Date: ___________________

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