



Transfer of Medical Records to Queen Street Medical Centre Moruya

Patient has submitted the following form on 14/09/2022

Patient Details

First Name

Jemima

Last Name

Duckless

Date of Birth

01/01/2004

Address - Street Number and Name

49 Queen Street

Address - Suburb

Moruya

Address - State

NSW

Address - Post Code

2537

Medicare - Medicare Card Number

2125896321

Medicare - Expiry Date

02/2025

Medicare - Position on Card

2

Patient's Previous Practice Details

Name of Previous Practice

Broulee

Practice Phone Number

0400000000

Practice Fax Number

Consent to Transfer Medical Records

Please include the following:

All existing records , Allergies & adverse reactions, Current medicines list, Medical history (current and past active and inactive) as recorded, Family history as recorded, Social history as recorded, Health risk factors, Immunisations as recorded

I authorise for this release to be;


Shared via secure electronic transfer through [E-transfer platform] to [Clinic details] in a XML file

I give consent for my medical records to be released to this practice

I agree

The patient accepted the Queen Street Medical Centre - Moruya Privacy Policy as listed in <https://queenstreetmedical.com.au/about/>

Signature

A handwritten signature in black ink, enclosed in a rectangular box. The signature is stylized and appears to consist of several connected loops and lines, possibly representing the initials 'M' and 'A'.