



Woodleigh Waters Medical Clinic

General Family Practice

Woodleigh Waters Medical Clinic

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Dr Nay Lwin
Dr Aung Soe Moe
Dr Lwin May Thu

To.....
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.....

Phone.....

Fax/Email.....

Dear Doctor,

Please forward/email a copy of all relevant medical information of the patient/s mentioned below as they are now attending our clinic. We prefer **XML format** be emailed to info@woodleighwaters.com.au – We use Best Practice Medical Software.

Regarding Patient

Name:

1.
2.
3.
4.
5.

Date of Birth.....

Date of Birth.....

Date of Birth.....

Date of Birth.....

Date of Birth.....

Phone/Mobile

Authority and consent to release medical information to Woodleigh Waters Medical Clinic

Signed.....

Date.....

Full Name.....

Address.....

Document title: Transfer of Medical File Request

Reviewed by: Maureen Lacanienta, Practice Manager

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