



Vitality Healthcare Medical Centre

55-56/ 81 Carrington Street, Adelaide, SA 5000

Tel: 08 83592911 Fax: 0883592466

Email: info@vhcmedical.com.au

To: Dr _____

Address: _____

Tel: _____ Fax: _____

The following patient/s have attended our medical centre recently and have requested that you send a **SUMMARY** of their **MEDICAL RECORD** to us.

If applicable copies of their management care plans you have completed, please fill in the following tables and forward the copies to us to optimise their continuity of care.

MBS Item Number	Date Billed
721	
723	
732	
2715	
2712	
707	

Thank you for your kind help.

Windy Chung (Practice Manager)

Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Name:	DOB:
Family address:	

Patient Authorisation:

I, _____, hereby consent to Dr _____ obtaining a copy of my medical record.

Signature: _____

Date: _____