

**DR CATRIONA DAVIES DR KIRIL GORING-SIEBERT**

**DR GARYCK JOSEPH DR LUCY HOLLOWAY**

**DR ANNALISSE WILLIAMS DR ANGELA RAJARATNAM**

**DR BENJAMIN TANG DR ROBERT STUART**

**DR KAREN OSWALD DR ESMARIE BRIDGE**

**DR ROCHELLE MINTER**

**Date:** \_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

**To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dear Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Re: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Of: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOB: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

As the above patient is now attending this practice, we would appreciate copies or a synopsis of their medical records to be sent here.

**We prefer exported patient records from on USB in a .XML format or emailed to: cllinicadmin@cottagesurgery.com.au**

GP Management Plan: Date: ............................ Review date: .............................

Team Care Arrangement. Date: .......................... .Review date: ..............................

Mental Health Care Plan. Date: .............................. Review date: ............................

Thank you for your assistance

yours sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Cottage Surgery Patient name and signature**

*\* Patient please be aware that there may be a payable fee for this process*