

CHARTWELL HEALTH CENTRE

Suite 13, 9 Lynden Court, Chartwell, Hamilton 3210
 PO Box 12356, Chartwell, Hamilton 3216
 Phone 07 855 4321 Fax 07 854 9087 EDI: PRESTCAR

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Each person 16 years or over to complete and sign own form

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

To: _____ **[name of previous doctor]**

Address: _____

Please transfer the medical records for the following people to Chartwell Health Centre.

Family Name	Given Names	DOB or NHI

Current Address:

Street		Suburb	
Town/City		Post Code	
Phone Home:		Work:	
		Mobile:	

Signed: _____ Date: _____

Chartwell Health Centre use GP2GP - EDI: PRESTCAR

Doctor	NZMC	Doctor	NZMC	Doctor	NZMC
Dr Mike Leong	12648	Dr Mary-Grace Aballe	61994	Dr Mary Anne Trimber	47791
Dr Geraldine Tennent	36402				