



MOSS STREET MEDICAL PRACTICE

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M.B.BS, FRACGP

DR V MCCARTNEY
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DIP. PAEDS (UNSW)

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DR J ALKEMADE
MBBS

DR M NORDKAMP
MBBS

DR L SALEEM
MMBS

DR B SPALDING
MMBS

Provider No:80303BY

Provider No: 331708J

Provider No:27564PB

Provider No:4491286W

Provider No:278873BY

Provider No:4078653T

Provider No:4659202W

PATIENT'S AUTHORITY TO RELEASE MEDICAL RECORDS.

Patient to complete:

I _____ authorize for my medical records or Health Summary to be forwarded to Moss Street Medical Practice.

Patient Name: _____ Date of Birth: _____

Address: _____

Previous Doctor: _____ Practice Name: _____

Phone: _____ Fax (if known): _____

Signed (Patient/guardian signature): _____

Dear Doctor,

The above patient is now attending Moss Street Medical Practice and has requested we arrange for his/her medical records or patient health summary to be transferred in ***XML format*** via disc or via fax. Thank you for your assistance with this request and if applicable note the dates that the below item numbers were performed/billed for our own records.

GP Management Plan & TCA (721 & 723) _____ GPMP/TCA Review _____

Mental Health Care Plan _____ Diabetic Cycle of Care _____

Kind Regards,

Doctor _____

MSMP office use: SENT/...../..... RECD/...../.....BY:..... FWD TO DR.....IMPORTED...../...../.....BY:.....