

Transfer of Medical Notes Request

NEWLANDS MEDICAL CENTRE

15 Batchelor Street PO Box 26-062, Newlands Wellington Ph: (04) 478-9858 Fax: (04) 478-9852	For GP2GP: NZMC: 20430 HPI: 11AMQU Dr Tony Jackson EDI: nulandmc
--	--

To Dr (Previous Doctor): Date:...../...../.....

Medical Centre:

Address:

Phone: (.....) Fax: (.....)

PLEASE NOTE – Each person aged 16 years and over MUST SIGN their own Transfer of Medical Notes Request.

The following patient(s) have joined our medical centre:

Family Name	First Name	D.o.B	Gender Male/Female	NHI

Could the medical notes of the above named people please be forwarded to Newlands Medical Centre by GP2GP, via EDI, or by post.

Signed:	Date:	Witness:(NMC use only please)
---------	-------	-------------------------------