itsmyhealth™
Midlands Health Network

THAMES MEDICAL CENTRE

PO Box 710
Thames 3540
Email: office@thamesmed.co.nz
EDI: thames
GP2GP (Preferred)

Dr B Aish	22352	□
Dr J Cargill	21274	□
Dr S Genner	12621	□
Dr S Gunn	30057	□
Dr K Hennessy	12509	□
Dr A Ireland	29559	□

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 the Thames Medical 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 or Medical Centre]

Address: ……

……..

Please transfer the medical records for the following people to Thames Medical Centre.

Family Name	Given Names	Date of Birth

Current Address: ……..

……

Patient/Caregiver Signature: _____ Date: _____

Fax Back Acknowledgement: Medical Records Received

Medical Centre: _____ Date: _____

Signed: _____

Office Use Only: Entered into Medtech: ☐	Date:	Initial:	Scanned: ☐	Date:	Initial: