

## REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

**EACH PERSON 16 YEARS OR OVER IS TO COMPLETE AND SIGN THEIR OWN FORM**

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

**Previous GP:** \_\_\_\_\_

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

**Please transfer the medical records for the following people to:**

**Hamilton East Medical Centre  
16 Beale Street, Hamilton 3216 • PO Box 4096, Hamilton 3247**

**Fax: 07 834 0928 • Ph: 07 839 1232**

**Healthlink EDI: HAMESTMC**

**Please send records GP2GP/EDI – \*\*we do not accept discs or USB\*\***

|  | <b>GP</b>         | <b>NZMC</b> |
|--|-------------------|-------------|
|  | Dr Alex Stapleton | 71925       |
|  |                   |             |

|  | <b>GP</b>     | <b>NZMC</b> |
|--|---------------|-------------|
|  | Dr Zig Khouri | 12515       |
|  |               |             |

| <b>Family Name</b> | <b>Given Names</b> | <b>DOB or NHI</b> |
|--------------------|--------------------|-------------------|
|                    |                    |                   |
|                    |                    |                   |
|                    |                    |                   |
|                    |                    |                   |

**\*\*If you are over the age of 16 you are required to sign your own form\*\***

|                                 |  |
|---------------------------------|--|
| <b>Patients current address</b> |  |
| <b>Signed</b>                   |  |
| <b>Date</b>                     |  |