Hamilton East Medical Centre
16 Beale Street, PO Box 4096, Hamilton 3247, New Zealand
P 07 839 1232 | F 07 834 0928 | www.hemc.co.nz

Pinnacle Midlands Health Network

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
Our Preference is for GP2GP

	GP	NZMC
	Dr Asit Parekh	**27214**
	Dr Andrew Fang	**49686**

	GP	NZMC
	Dr Zig Khouri	**12515**
	Dr Angela Glew	**47616**

Family Name	Given Names	DOB or NHI

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

Patients current address	
Signed	
Date	