Belgian Gardens Medical Centre

PO Box 401,
Belgian Gardens Qld 4810
ABN: 111 699 321 83
Ph: 07 4771 6666 Fax: 07 4771 5566
Email: help@bgmc.com.au
EDI: vna6shgq

____/____/____

Doctor: _____

Address: _____

_____

Fax: _____

AUTHORITY TO RELEASE OF MEDICAL RECORDS

I hereby give consent for the release of all information pertaining to my personal medical records and those of my family members as listed below from your surgery to be sent to:

☐	Dr Nichola O'Reilly	Provider Number: 213825DY
☐	Dr Fiona Fleming	Provider Number: 221383DX
☐	Dr Michelle Vollmerhause	Provider Number: 247041DL
☐	Dr Martin Carr	Provider Number: 081061EW
☐	Dr Geetanjali Baveja	Provider Number: 4065537T
☐	Dr Cynthia Filipcic	Provider Number: 453985GK
☐	Dr Moet Moet Khine	Provider Number: 550990CX

Name:_____ D.O.B. ___/___/_____ Sign_____

Name:_____ D.O.B. ___/___/_____ Sign_____

Name:_____ D.O.B. ___/___/_____ Sign_____

Name:_____ D.O.B. ___/___/_____ Sign_____

Doctors Signature: _____

We prefer paperless correspondence. We accept Medical Objects and HealthLink.

If you use Best Practice Software, it would be appreciated if you would export the patient records and forward via disc or email, please make a XML file and email us the file.

CAN YOU PLEASE ALSO ADVISE OF ANY MENTAL HEALTH & CDM ITEMS CLAIMED IN THE LAST YEAR. THANKYOU.