Banksia MEDICAL CENTRE

132 Bellarine Highway, Newcomb, VIC 3219
94 Geelong Road, Torquay VIC 3228
Phone: (03) 5248 1299 Fax: (03) 5248 8124

PATIENT FILE TRANSFER REQUEST

To: **Clinic Name:** _____

Doctor: _____

Address: _____

Fax Number: _____

Patient Name: _____

D.O.B: _____

Address: _____

Additional family members to be transferred: (Under 18's only)

1:_____ **D.O.B** _____

2:_____ **D.O.B** _____

3:_____ **D.O.B** _____

The above-named patient has elected to attend Banksia Medical Centre for future medical care.
Please forward a copy of the patient's full medical history.

We prefer histories sent electronically to admin@banksiamedicalcentre.com.au or via CD (.xml File Only)

The patient has signed an authority requesting you to release this information.

Yours faithfully,

Banksia Medical Centre

Patient Signature: _____ **Date:** _____

Updated 27/06/25 AD