Launceston Medical Centre

247 Wellington Street
Launceston, TAS 7250
www.launcestonmc.com.au

Transfer of Medical Records Consent Form

I, _____hereby

authorise _____ to

release my health records/summary to:

Launceston Medical Centre
247 Wellington Street
Launceston, Tas 7250
Tel: (03) 6388 8111
Fax: (03) 6380 8388
info@launcestonmc.com.au

Patient Details:

Name: _____

DOB: _____

Address: _____

Patient signature: _____

Date: _____

We prefer an electronic copy of the records in XML format if available.