

## Medical Request Form

To \_\_\_\_\_

Fax \_\_\_\_\_

- Patient Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

We are currently providing care for the above-referenced patient at our clinic. We kindly request that you provide us with any relevant patient notes or records you may have on file. Should there be any associated fees for this request, please inform the patient accordingly.

The patient has signed the necessary authorization for the release of their medical records.

Yours sincerely,  
Ralifah Medical Centre

I \_\_\_\_\_ give permission for copies of  
my medical records to be forwarded to Ralifah Medical Centre, 1a Boonah St, Griffith

Signed: \_\_\_\_\_ Date: \_\_\_\_\_