

Request for Transfer of Notes from Previous Primary Health Care Provider



TO: _____

DATE: _____

Previous Doctor	
Medical Centre	
Address	

I/We should be grateful if you would forward all medical information from the records of myself and the members of my family as listed below to Mahara Health

Names	Date of Birth	Signature

Please note that requests for medical records for patients aged 16 years or over are required by law to be signed by the patient

For Office Use Only:

If possible please use the GP2GP export for transfer of patient records:

Doctor	NZMC	Doctor	NZMC

Or EDI: Mahara3n

Or Post To: Mahara Health, PO Box 189, Waikanae 5036

Mahara House, 3 Ngaio Road, Waikanae
 Phone: 04 908 1000 Fax: 04 293 7723
 office@maharahealth.co.nz www.maharahealth.co.nz