

Dr James Carter
Prov. No. 4090626W

Dr Cathy Donaldson
Prov. No. 2566456B

Dr Hugh Seward AM
Prov. No. 0134172Y

Dr Genevieve Seabrook
Prov. No. 058472CJ

Dr Lesley-Ann Allardyce
Prov. No. 2619896B

Dr Laura Bridges
Prov. No. 2361646L

Dr Fiona Nelson
Prov. No. 246628AK

Dr Belinda Coombs
Prov. No. 203073CB

Dr Tom Bradey
Prov. No. 433809DK

Dr Jessica Russell
Prov. No. 433394GK

Dr Peter Corredig
Prov. No. 4908477T

Dr Andrew Bell
Prov. No. 096992EW

Dr David Russell
Prov. No. 424969EF

Dr Margaret Somerville
Prov. No 063189KA

Release Form for Medical History

Previous Doctor: _____

Surgery Name: _____

Surgery Address: _____

If you use Best Practice software we would appreciate information sent on disc in XML format.
Please don't fax the history.

Patient / Legal Guardian

Name: _____ D.O.B. _____

Address: _____

Give my consent for **my medical history** to be released to The Newtown Medical Centre

Give my consent as **legal guardian**

Please find signed authorisation for the patient below:

Signed _____

Date: _____

Please advise the following:

Item	Date Last Billed
GPMP (Item 721)	
GPMP TCA (Item 723)	
GPMP Review (Item 732)	
Health Assessment	
MHCP (Item 2700/2701)	
MHCP (Item 2715/2717)	
MHCP (Item 2712)	