

Alstonville Medical Centre

Dear Doctor, _____

Name: _____

Address: _____ **DOB:** _____

I hereby give permission for my/my family's records to be forwarded to Alstonville Medical Centre. PLEASE DO NOT SEND original documents - a summary of medical records and copies of relevant specialist letters will be sufficient. No progress notes are required. No computer discs please.

Please advise the dates of any assessments that I may have had:

GPMP/TCA **Date:** _____

GP Mental Health Plan **Date:** _____

Diabetes Cycle of Care **Date:** _____

Health Assessment **Date:** _____

Last Pap **Date:** _____

Many thanks for your help in this matter.

Yours sincerely,

(Patient's Signature)

15 Bugden Avenue
Alstonville NSW 2477
Telephone: 02 6628 3101
Fax: 02 6628 5381
email: amcentre@bigpond.net.au

DR JOHN C WATTS
MB.ChB, FRACGP.D.Obst.
DR IAN TRAISE
B. Med. (Newcastle), F.R.A.C.G.P.
(Ian I Traise Medical Pty Ltd. ACN 051 354 431)
DR LINDA M BROWN
B.Med (Newcastle), F.R.A.C.G.P., F.A.C.R.R.M.
DR KERRILEE LAKE
MBBS, B.Ap.Sc(Physio), FRACGP

DR NATALIE LINDSAY -
MBBS,B.Eng(Hons), Dip CH,FRACGP
DR JODY REINBOTT
MBBS, B.Econ,B.Bus,FRACGP
DR UMA SELVANATHAN-B.Sc Hons
MBBS (Hons) Syd, BA (Hons), FRACGP
DR MELISSA KAVANAGH-PATEL- GP
Registrar - MBChB
DR PAUL EASON- MBBS, FRACGP