

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:** _____

Health Assessment **Date:** _____

Last Pap **Date:** _____

Many thanks for your help in this matter.

Yours sincerely,

(Patient's Signature)