

Request to Transfer Medical File/s from Previous GP



IMPORTANT - READ ME FIRST:

1. Your **previous GP may charge a fee** for the transfer of your medical file. Please liaise with your previous GP to confirm if this is the case.
2. It typically takes **1 month** for patient files to be transferred.
3. Any **patient over the age of 14** (mature minor) needs to complete and sign their own **separate transfer form**.

PREVIOUS GP'S CONTACT DETAILS

Practice Name:

Practice Address:

Phone:

PLEASE TRANSFER THE FOLLOWING PATIENT FILES:

Name	Date of Birth

Signature/Consent of Authorised Person

Signature: _____ Name: _____ Date: _____

Please transfer the **complete** medical files (including all correspondence) of the persons named below to Coastal General Practice (9447 0600) as **xml files via disc** or **email to coastalgeneralpractice@gmail.com**.