

SkinGP Woodend
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Medical Records Release Form

To assist in future medical care, please forward copies of the following: (PLEASE TICK)

- Full Health Record
- Patient Health Summary
- FotoFinder Images/photos
- Skin check notes and histology
- Patient health records including specialist letters and investigations performed in the past 2 yrs.

Patient Details

Title (Circle)	Mr	Mrs	Ms	Mstr	Miss	Dr	Prof	Other
Family Name								
Given Name/s								
Date of Birth	/ /							
Address								
Family Members to include in transfer (Under 16 yrs)	Name:				DOB:			
	Name:				DOB:			
	Name:				DOB:			

Details of previous clinic to transfer records from

Name			
Address			
Phone			Fax:

I, the above-named patient, hereby consent to release of a copy of health records, as indicated, to SkinGP Woodend.

Signature of person requesting: _____ Date: ____/____/____

SkinGP Woodend prefers secure electronic transfer of medical records using XML format for Best Practice compatibility. Alternatively, records will be accepted via fax or registered mail.

SkinGP Woodend does not accept CD or USB format.