

Jema Clinic

Shop 6, Comet Place, 133 Lennox Street, Maryborough, QLD 4650
P.O. Box 304, Maryborough, QLD 4650

Phone: (07) 4120 5555 **Fax:** (07) 4122 2490 **Email:** jemaclinic@bigpond.com

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Practice Name & _____
Address _____

Dear Doctor

The patient(s) listed is/are now attending our practice. Would you please forward a copy of their medical summary and any specialist letters to enable us to provide their ongoing care. It is preferred that medical records are transferred via medical objects secure messaging, mailed or faxed to the address or number below.
Thank you for your assistance in this matter.

Please include: Summary of patient medical history
Correspondence
Other _____

Copy of most recent:
Health Assessment (703,707,705): _____
Mental Health Plans (2700, 2701, 2715, 2717): _____
Mental Health Reviews (2712): _____
Care Plans (721, 723): _____
Care Plan Review (732): _____

Patient Name _____
DOB: ____/____/____ Signature: _____
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Yours faithfully,

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