

Dr Edward Ogiji MBBS AMCC FMCP FRACGP  
 Provider No. 252009CH  
 Dr Nadiesh Seneviratne MBBS AMCC  
 Provider No. 4372994A  
 Dr Ahmed Said Elesdfy MBCHB NZREX AMCC EM Cert (ACEM)  
 Provider No. 4528614X  
 Dr Mahinath Bandara MBBS AMCC  
 Provider No. 4508365X  
 Dr Romika Lal AMC MBBS  
 Provider No. 4413295H  
 Dr Kelemedi Uluitoga MBBS  
 Provider No. 2985463W  
 Dr Sohail Hafeez MBBS AMC  
 Provider No. 441000GL  
 Dr Ahmed Kharal MBBS AMCC  
 Provider No. 432791GL

Practice Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dear Doctor,  
 Patient Name

\_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_  
 \_\_\_\_\_ DOB \_\_\_\_\_

The above patient 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

Health Assessment

Mental Health Plans

Care Plans

Correspondence

Yours faithfully

Patient Authorisation:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Jema Clinic**

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Phone: (07) 4122 2021 Fax: (07) 4122 2490 Email: jemaclinic@bigpond.com