

88 Uralba Street, Lismore NSW 2480

Fax: (02) 6622 8121

**AUTHORITY FOR RELEASE OF MEDICAL RECORDS**

**To:**

Doctor:

Practice:

Address:

Phone: Fax:

This patient has presented to our surgery. We would like a copy of medical summary, medication lists, significant specialists reports, and others including

1

2

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I , , hereby authorise the release of my medical records as requested above to The Grasstree Medical Practice. Including the following family members.

|  |  |  |
| --- | --- | --- |
| Name | D.O.B | Signature |
|  |  |  |
|  |  |  |
|  |  |  |

Signed: Dated:

Dr. Victoria Yang
MBBS FRACGP

Provider No: 251554TB

Sign:……………………………………………

Note: We are using Best Practice using secure messaging system Argus and able accept electronic file that is compatible with our system. Our Argus email address: ***argus@grasstreemedical..com.au***