

The Doctors Te Whare Hapara

**REQUEST TO HAVE
MEDICAL RECORDS TRANSFERRED**

Each person 16 years or over to complete and sign own form

In order to receive the best care possible, I agree to The Doctors Te Whare Hapara obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

To:
Address:

Please transfer the medical records for the following people to The Doctors Te Whare Hapara

NHI	Family Name	Given Names	Date of Birth

Our practice is able to receive and would prefer electronic GP2GP notes transfer.

Our EDI is : desmrdmc

NZMC is : 2017

DRHN Enrol

Signed: _____

Date: _____