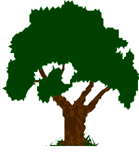

The Elms Family Medical Centre
Suite 1, Bacchus Marsh Village,

160-176 Main St

BACCHUS MARSH 3340
(03) 5367 6662

Facsimile: (03) 5367 4621
ACN: 056 176 491
ABN: 23 120 410 813

Dr Robert Hosking *MBBS DRANZCOG FRACGP*		***Dr Woodrow Wu*** *MBBS DRANZCOG FRACGP*
	and Associates	

To .... **DATE** ....

....

....

....

The following patient(s) wish to attend this practice. We would be grateful if you could forward a copy of their medical history to the above address.

Name .... **DOB** ....
Name .... **DOB** ....
Name .... **DOB** ....
Name .... **DOB** ....
Name .... **DOB** ....

Previous Address ....

....

New Address ....

....

I give my consent to have my medical records released to The Elms Family Medical Centre

1. Name..Signature...................... Date..........
2. Name..Signature......................Date.........
3. Name..Signature......................Date.........

<u>**ALL**</u> MEMBERS OF THE FAMILY WHO ARE OVER 16 YEARS OF AGE ARE REQUIRED TO SIGN THE RELEASE FORM