

DRAYTON STREET FAMILY PRACTICE PTY LTD



PO BOX 637
Ph: (07) 4171 0711

NANANGO QLD 4615
Fax: (07) 4171 0733

Date: ___/___/___

Dear: _____

Address: _____

Phone: _____

Fax: _____

The Following patient/s are now attending Drayton Street Family Practice could you please forward a complete Medical record for this patient/s as soon as possible. If your surgery runs Medical Director or compatible software we can accept a disc with the records.

NAME	DOB

Date Billed	Date Billed	Date Billed
721	732	2715
723	2712	715

I Give permission for the release of my/our medical records to the above practice.

Yours faithfully,

Your co-operation in this matter is greatly appreciated.
Thank You

Dr. Matthew Mazurka Dr. Dariush Ghahramanipour

Dr. Madelaine Wenceslao

Dr. Ana Tiongco

Dr. Leili Imani

Dr Manuel Enrile