Pinnacle Midlands Health Network

Dinsdale Medical Centre

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 Dinsdale Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

TO (previous GP):

GP Address: _____

Please transfer the medical records for the following people to Dinsdale Medical Centre

Family Name	Given Names	DOB or NHI

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

Dr Gordon Tam

NZMC 17241

EDI: dnsdlemc

Patient Signature: _____ Date: _____

Phone: 07 847 8425 | Email: admin@dinsdalemed.co.nz|
Address: 21 Whatawhata road, Dinsdale, Waikato 3204