National Health Co-op
Better Health Together

Phone: (02) 6178 0400
Fax: (02) 6259 3101
email: reception@nhc.coop
Website: www.nhc.coop
PO Box 521 Jamison Centre ACT 2614

Medical Record Transfer Request

Date: _____

To/Surgery: _____

Fax Number: _____

I, and the following persons, am now attending the National Health Co-operative (NHC) clinics:

Name	Date of Birth	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Could you kindly arrange for a copy of my/our records to be forwarded to the NHC as soon as possible.

_____	_____	_____
Name	Name	Name
_____	_____	_____
Patient/guardian signature	Patient/guardian signature	Patient/guardian signature

All persons over 16 years of age must sign.

Please note:

NHC is unable to pay any fees another practice may charge for copying and forwarding records. If there is a fee for record transfer, please contact the patient for payment.
NHC would prefer to receive electronic records in XML and PDF formats, instead of paper records if this is possible.

Please address all record transfers to:

The Operations Manager
Private & Confidential
National Health Co-op
PO Box 521
Jamison Centre ACT 2614