



**HAMILTON MEDICAL GROUP
PARTNERSHIP**

**HAMILTON MEDICAL GROUP
ASSISTANTS PTY LTD**

Dr. A. J. Bowman (Cons Phy) Dr. R. Joyce
Dr. J. C. de Kievit Dr. A. M. McAllan
Dr. D. R. Ford Dr. J. H. Slabbert
Dr. A. M. Johnson

Dr. T. I. Branken (Cons Phy) Dr. S. M. Robertson
Dr. V. A. Blackwell Dr. L. J. Walker
Dr. A. L. U. Teo Dr. A. C. Wark
Dr. W. W. Myint (Cons Phy) Dr. S. Vijayan (GP Reg)
Dr. A. Tai Dr. D. Bird (GP Reg)
Dr. J. Al Abadi (GP Reg) Dr. X. Hu (GP Reg)
Dr. A. Reid

A fully Accredited
General Practice

OUR REF:/...../20.....

YOUR REF: Dr

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Dear Dr

Re: Mr/ Mrs/ Miss/ Ms

 Date of Birth

Associated family members (if relevant):

NAME	DOB	Signature (over 16 yrs)

The above patient(s) has/have presented to the Hamilton Medical Group for care.

I would be grateful if you would forward any relevant details of their medical history at your convenience. Please do not forward the information on a CD. Thanking you in anticipation.

Yours sincerely

For Dr

Patient's Authority to Release Medical Records:

I hereby give permission for the Hamilton Medical Group to obtain medical records on my behalf.

Signed:

Date:/...../20.....

Forms consent for release of medical records