



Request to Transfer Medical Records

Date: _____

Request To: _____

Fax Number: _____

Skye Medical Armadale
11 Prospect Road
Armadale
WA 6112
PH: (08) 9399 5311
Fax: (08) 9399 5322

To Whom it may concern,

The below named patient(s) are now attending Skye Medical Armadale and have requested their medical records be transferred to this practice.

We would appreciate if you would send the patient summary at your earliest convenience and release the records thereafter.

Patient Surname: _____

Address: _____

First Name: _____ DOB: _____ Signature: _____

First Name: _____ DOB: _____ Signature: _____

First Name: _____ DOB: _____ Signature: _____

First Name: _____ DOB: _____ Signature: _____

First Name: _____ DOB: _____ Signature: _____

Should you have any queries, or require further information, please don't hesitate to contact the team at Skye Medical on (08) 9399 5311.

Kind Regards,

Reception Staff