Dr. Maria Broesel
M.D. FRACGP

Camden South Family Doctors
Inspiring Better Health

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Authority to Release Patient Correspondence Information from a Specialist

Specialist Center's Name **&** Address**:** ……

……

Doctor's Name**:** ……

Doctor's Specialty: ……

Tel: …….. Fax: ……..

Specialist - Dear Doctor,

Patient Details

Name: …… DOB: ……../……../…….

Please could you send any / all copies of correspondence regarding the above patient?

This patient has told us that they have attended your rooms for an appointment / procedure, but we have nothing on their file from you.

Please help us to update their file, with all documentation that you may have.

Patient Authority

I hereby give permission for my medical records to be transferred to Camden South Family Doctors.

Name …… Signature of patient: ……

Date: ……

_____Office Use Only_____

Request Type: (Circle) Urgent Dr. M.B. / C.R. / A.S. CP NP