

2b Murray Street  
PO BOX 194 GAWLER 5118  
Tel: (08) 85221844  
Fax: (08) 85230366  
Email: reception1@gawlermedical.com



## GAWLER MEDICAL CLINIC

Date : .....

To: .....

.....

.....

Dear Doctor

Re: ..... D.O.B.....

Address:.....

..... D.O.B.....

Address.....

The above patient (s) is/are attending this Clinic. It would be appreciated if you could supply a copy or summary of any relevant medical records you may have on the above named. This surgery uses Best Practice software and is unable to accept records on discs using Medical Director.

Could you please advise us of the dates of any:		Date last billed
Care Plans including reviews	721, 723, 732	--/--/----
Health Assessments	700/702	--/--/----
Home Medication	900	--/--/----
Mental Health Plans	2710/2712/2713/2702	--/--/----

Yours faithfully

For GAWLER MEDICAL CLINIC

Permission for release of medical records:

I \_\_\_\_\_ agree to the release of all my medical records from your clinic to

Dr John Salagaras  
Dr Adrian Borg  
Dr Rose Tiong  
Dr Jaswinder Kaur  
Dr Elaine Rodgers

Dr Emad Ehsan  
Dr Sau Peng Cheah  
Dr Estelle Smit  
Dr Sandra Marshall  
Dr David London

Signed.....

Dated.....