



iSpot Skin Cancer General Practice Clinic

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10 Hazelwood Road, Traralgon, Vic 3844
 ABN 65161813752 ACN 161813752

Request for Transfer / Copy of Medical File

Regarding:

Name :

Address :

Phone : DOB :/...../.....

I request my medical clinic as below :

Name of Clinic :

to send a copy of my medical file to iSpot Skin Cancer Clinic, 10 Hazelwood Road, Traralgon. Vic 3844

Our preferred format is a Best Practice XML export to CD

Note to Patient - please tick one of the following options

	<p>I request a fully copy of my notes is sent, preferably in an electronic format such as Best Practice XML or as arranged between these clinics.</p> <p>This is the preferred option for iSpot Clinic.</p> <p>The sending clinic is entitled to charge you a fee for this service.</p>
	<p>I request a summary of my file is sent. I understand this will not usually include :</p> <ul style="list-style-type: none"> • specialist letters • referral letters to specialists • workcover forms or details • insurance medicals • medication permits • test results, xrays etc <p>The sending clinic is entitled to charge you a fee for this service, though most clinics will waive this.</p>

Signed

Date