

# Woodleigh Waters Medical Centre

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[www.woodleighwaters.com.au](http://www.woodleighwaters.com.au)



## Woodleigh Waters Medical Centre

Dr John Tseng  
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Dr Phyo Thein  
Dr The Nu Wai  
Dr Nay Lwin  
Dr Abdul Jat  
Dr Nay Lwin

To.....

Phone.....

.....

Fax/Email.....

.....

Dear Doctor,

Please forward a copy on disk or print out of all relevant medical information of the patient/s mentioned below as they are now attending our clinic. We prefer **XML format** – We use Best Practice Medical Software.

### Regarding Patient

Name:

1. ....

Date of Birth.....

2. ....

Date of Birth.....

3. ....

Date of Birth.....

4. ....

Date of Birth.....

5. ....

Date of Birth.....

Phone/Mobile .....

### Authority and consent to release medical information to Woodleigh Waters Medical Clinic

Signed.....

Date.....

Full Name.....

Address.....

Document title: Transfer of Medical File Request

Reviewed by: Maureen Lacanienta, Practice Manager

Version :1, Effective Date: September 2022

Next Review Date: September 2023