

Three Rivers Medical REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Each person 16 years or over to complete and sign own form

In order to receive the best care possible, I agree to Three Rivers Medical obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

To:

Address:

Please transfer the medical records for the following people to Three Rivers Medical.

We prefer to receive records by GP2GP.

We also accept EDI or paper notes.

Please do not send on disc

EDI kaitimcr

****IMPORTANT****

For GP2GP Please address to provider Kate Jacobs. Use the # symbol instead of an NZMC

NHI	Family Name	Given Names	Date of Birth

Dr Lucinda Thatcher
 Dr Emmora Keenan
 Dr Emma Clare
 Dr Kirsten A'Bear
 Dr Turuki Tahuri
 Dr Grace Piper
 Dr Nick Ribet

Signed: _____

Date: _____

Three Rivers Medical,
 75 Customhouse Street, Gisborne, EDI kaitimcr
 Ph 06 867 7411 fax 06 867 4773