



REQUEST FOR MEDICAL RECORDS TRANSFER

Dear Dr _____

Re: _____

(Date of Birth) _____

As this patient is now attending the Brighton Medical Clinic, we would be grateful if you could forward a SUMMARY ONLY of their medical history together with any relevant investigations, referral reports and EPC, TCA history etc. Please do not send a disc of their Medical file, as the time required to upload the file makes it unsuitable for use.

Please also include histories of other family members as follows:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Thank you for your assistance

Brighton Medical Clinic

I authorize the release of my medical records to be forwarded to

Doctor _____ at the above address

Signed _____

Dated _____