



MainStreet
MEDICAL CENTRE
 AGPAL ACCREDITED GENERAL PRACTICE

Main Street Medical Centre
71 Main Street, Pialba. Qld 4655
Telephone: 07 4128 3644, 07 4325 4000 Fax: 07 4124 0660
A.B.N: 88 230 966 368



Dr John Potter MBBS
 Provider No: 0495062B

Dr Gayan Indika
 Provider: 5280303T

Dr Mankul Singh MBBS **Dr Sajid Qamar** MBBS
 Provider No: 5089457K

Dr Chandana Jayasinghe MBBS, FRACGP
 Provider No: 2799823B

Dr Ramani Poonehela MBBS
 Provider: 4168157T

Dr Heelleliyana (Nadiesh) Seneviratne MBBS, UQ Cert (Skin Cancer)
 Provider: 4372997J

Dr Sajid Qamar MBBS
 Provider No: 457074TT

Patient Request for Access/Release of Personal Health Information

Dear Doctor/Practice: _____

Address: _____

The patient below is now attending our medical practice. Could you please forward details of their medical treatment with you, in the form of either a full copy of their record or an accurate summary to the doctor mentioned above, who is now responsible for their ongoing care.

Medical Objects Preferred if not:

If your practice uses Medical Director, we would be happy to receive the electronic data via MDEXchange or on a CD in .html or XML format.

For practices using Best Practice, please create the file in .html format or PDF.

Where appropriate, could you please also provide is with a scanned copy of the following, completed table:

Assessment	Date	Assessment	Date
GPMP		Medication Review	
TCA		Annual Diabetic Cycle of Care	
Over 75 Health Assessment		45-49 Year Old Health Check	
HP Mental Health Treatment Plan/Review		Specialist Review	
Pap Smear		Other	

PATIENT AUTHORITY

Patient's Name: _____

Address: _____

Date of Birth:/...../.....

I request that you forward details of my medical treatment with you to the doctor mentioned above, who is now responsible for my ongoing care.

I authorise the doctor/practice named above to provide a copy or summary of my health records

.....
Patient signature

...../...../.....
Date