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 Christopher Woollard BAppSc (Optometry), MBBS, FRACGP
Provider No: 436376CT
Dr Chandana Jayasinghe MBBS, FRACGP
Provider No: 2799823B
Dr Khaing Htun MBBS, FRACGP, DTM&H
Provider No: 4051517A
Dr Davin Ryan MBBS, BBiomedSc
Provider No: 4758849J
Dr Heelleliyana (Nadiesh) Seneviratne MBBS, UQ Cert (Skin Cancer)
Provider: 4372997J

Dr Nicholas Yim MBBS, B.Pharm
Provider: 446088FH
Dr Thushiyanthy (Thushi) Sivananthan MBBS
Provider: 4845594L
Dr Ramani Poonehela MBBS
Provider:4168157T

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**