

Date: ….../..…/……

**AUTHORISATION TO RELEASE MEDICAL RECORDS**

Dear Sir/s

I request that Mundaring Medical Centre release the medical records for the following patient/s to be sent to ……………………………………...…………………… at the address …………………………………………………………………………….…

I understand there is a charge of $27.50 (incl GST) for this service.

Adult

Name:……………………………….… Dob: ……./……./……….

Signature: ……………………….……

Adult

Name:……………………………….… Dob: ……./……./……….

Signature:………………..………..….

Children

Name:…………………………………. Dob: ……. /……./……….

Name:…………………………………. Dob: ……. /……./……….

Name:…………………………………. Dob: ……. /……./………

Old address: …………………………………………………………………………………

New address: ………………………………………………………………………………..

**\*This form will need to be printed, completed, signed, and emailed back to us on** [mmc\_reception@iinet.net.au](mailto:mmc_reception@iinet.net.au) **or faxed to 9295 1935.**

**This form must be signed by adults 18 years and over.**

**For payment and to release medical records please contact us on 9295 1988 to pay by phone or online –** to **Westpac BSB: 036- 075– Account: 14 36 84**

**Please include your initial and surname for payment identification.**