



**MUNDARING  
MEDICAL CENTRE**  
SERVING COMMUNITY, HELPING PEOPLE

Suite 5/5 Nichol Street,  
Mundaring WA 6073  
Tel: 9295 1988  
Fax: 9295 1935  
[www.mundmed.com.au](http://www.mundmed.com.au)

Date.....

Dear Sirs

**AUTHORISATION TO RELEASE MEDICAL RECORDS**

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

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

**ADULT**      **Re:** .....      **DOB:** .....

**Signature:** .....

**Re:** .....      **DOB:** .....

**Signature:** .....

**CHILDREN**

\_\_\_\_\_ **DOB** \_\_\_\_\_

\_\_\_\_\_ **DOB** \_\_\_\_\_

\_\_\_\_\_ **DOB** \_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

**PATIENT'S SIGNATURE** .....