

Unit 10, 9 Waterhall Road. South Guildford WA 6055

Phone: (08) 6424 9111 Fax (08) 6278 4227

Email: practice@waterhallmedical.com.au

Dr Johannes Meyer 2775017J Dr Jasmine Pradhan 414880EK Dr Frans Cronje 279419DB Dr Saurav Shrestha 410785FW

Dr Doret Theron 279421AH

**CONSENT OF RELEASE FOR MEDICAL INFORMATION**

**Date: \_**\_\_\_ /\_\_\_\_ /\_\_\_\_ **To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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 **Fax:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB: \_**\_\_\_ /\_\_\_\_ /\_\_\_\_ **Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB: \_**\_\_\_ /\_\_\_\_ /\_\_\_\_ **Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB: \_**\_\_\_ /\_\_\_\_ /\_\_\_\_ **Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB: \_**\_\_\_ /\_\_\_\_ /\_\_\_\_ **Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above patient/s are currently receiving treatment from the medical practitioner at Waterhall Medical  
 Centre.

We would appreciate if you could please forward a copy of his/her medical records to us at your earliest convenience.  
 **We use Best Practice software and would appreciate if records could be sent electronically via email or  
on disc in .XML format.**  
Thank you  
Waterhall Medical

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| **Medicare Item Number** | **Date Last Billed** |
| 721 – GPMP |  |
| 723 – TCA |  |
| 732 (please specify) – GPMP or TCA Review |  |
| 701, 703, 705, 707 – Health Assessment |  |
| 2700, 2701, 2712, 2715, 2717 – GP Mental Health Plan or Review |  |
| 2517, 2521, 2525 – Diabetes Annual Cycle of Care |  |