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**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 |  |