



Gladstone Central Medical Centre

caring for our community

REQUEST TO RELEASE MEDICAL RECORDS

Doctor:	Records requested for Doctor –
.....	Rigby 0475723B
.....	Rayi 4699401A
.....	Selman 4051211X
Phone:	Cook 5003235B
Fax:	Francis 6729861X

I hereby authorise you to release the following medical records to Gladstone Central Medical Centre at the above address.

Name **Date of Birth**.....

Name **Date of Birth**.....

Name **Date of Birth**.....

Name **Date of Birth**.....

Address:.....

Phone Number:.....

Requested Records:

- Complete Records
- Health Summary Only – including Immunisations and Medications
- Results
- Specialist Letters
- GPMP / Care Plan Date Billed Please:.....
- Mental Health Care Plan Date Billed Please:.....

Signature/s:.....

Date:.....

Signature/s:.....

Date:.....