



The Lismore Clinic

Your partner in good health

185 Molesworth Street
LISMORE NSW 2480

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AUTHORISATION TO OBTAIN MEDICAL RECORDS

The patient(s) listed below are now attending this Practice for ongoing medical care. Please find below patient(s) authority to forward medical records to us.

I, _____ Date of Birth: _____

Address: _____

give permission to Dr _____ of The Lismore Clinic to obtain a full summary of

my medical records pertaining to myself from Dr _____

located at _____.

In this request please supply dates for :

Health Assessment	Date:	Diabetes Mellitus	Date:
GP Management plan	Date:	Asthma Cycle of Care	Date:
Team Care Arrangements	Date:	45 Year Old Health Check	Date:
Mental Health Care Plan	Date:	Taking of Cervical Screen>4years	Date:

Other: _____

Other family members included in this request are as follows:

Full Name:	Date of Birth:	Signature if over 16 years of age:

If you use Medical Director:

Please send us an Electronic copy of the Medical Records in XML FORMAT.

For all other Medical Software – NO ELECTRONIC COPIES PLEASE.

Signed: Date:

DR. RICHARD DEAKER, M.B.B.S., D.R.A.N.Z.C.O.G., F.A.C.R.R.M.
 Dr SUE FERRIS, M.B. ; B.S. B. Med. Sc.
 DR. BRIAN WITT, B. MED. Dip. .R.A.C.O.G., F.A.C.R.R.M.
 DR. JAMES YOUNG, M.B.B.S., D.C.H, F.A.C.R.R.M.
 DR. KERRY ANNE STANWELL, M.B.B.S., D.R.A.N.Z.C.O.G.
 DR. PETER SKOW. M.B.B.S., (UNSW). F.R.A.C.G.P.
 DR NICOLE BOYCE, M.B.B.S., D.R.A.N.Z.C.O.G., F.A.C.R.R.M F.R.A.C.G.P
 DR ADRIAN JOHNSON M.B.B.S.