



<b>ALL REQUESTS TO BE PRINTED OR TYPED</b>		<b>Receptionist, Medical Record Service</b>	
<b>AND FAXED TO: Date:</b>		<b>Fax: 08 9431 3685</b>	
<p>For this request to be processed without delay, please ensure all mandatory fields are completed <b>*Denotes Mandatory Fields*</b> Incomplete requests will be returned.</p>			
Date of Request: 20/02/2015			
<input type="checkbox"/> <b>URGENT (patient is with doctor today)</b>		<input type="checkbox"/> <b>NON URGENT (completed in a timely manner)</b>	
<b>REQUESTOR</b>			
* Doctor:			
* Surgery:			
* Address:			
* Phone:	* Fax:	<b>Practice Stamp</b>	
* Please tick preferred communication		Fax: <input type="checkbox"/>	Mail: <input type="checkbox"/>
<b>PATIENT DETAILS</b>			
* Surname:	* Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
* Given Names:	* DOB:	/	/
Address:			
Suburb/ State:	Postcode:	UMRN:	
<b>INFORMATION REQUIRED</b>			
<input type="checkbox"/> Discharge Summary	Date of Admission or Discharge:	/	/
<input type="checkbox"/> Results (type):	Date:	/	/
<input type="checkbox"/> Other:	Date:	/	/
<b>Office Use Only:</b>			
<input type="checkbox"/> Unable to process – Discharge summary is incomplete			
<input type="checkbox"/> Request directed to -			
<input type="checkbox"/> Other _____			

**Confidentiality Note:** the information contained in this facsimile message may be confidential patient information. If you are not the intended recipient, any use, disclosure or copying of the document(s) is unauthorised. If you have received this in error, please telephone (08) 9431 2484 immediately.