

## **Transfer of Medical Notes Request**

### **NEWLANDS MEDICAL CENTRE**

15 Batchelor Street PO Box 26-062, Newlands Wellington Ph: (04) 478-9858 Fax: (04) 478-9852	<b>For GP2GP:</b> NZMC: 8929 HPI: 19ACNP Dr James Aubrey EDI: nulandmc
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To Dr (Previous Doctor): .....	Date:...../...../.....
Medical Centre: .....	
Address: .....	
Phone: (.....) .....	Fax: (.....) .....
PLEASE NOTE – Each person aged 16 years and over MUST SIGN their own Transfer of Medical Notes Request.	

#### **The following patient(s) have joined our medical centre:**

Family Name	First Name	D.o.B	Gender Male/Female	NHI

Could the medical notes of the above named people please be forwarded to Newlands Medical Centre by GP2GP, via EDI, or by post.

Signed:	Date:	Witness: (NMC use only please)
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