FIVE CROSS ROADS MEDICAL CENTRE
Family Care

National Hauora Coalition

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

(Each person 16 years or over to complete and sign own form)

In order to receive the best care possible, I agree to FIVE CROSS ROADS MEDICAL CENTRE obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

Previous Medical Centre: _____

Address: _____

_____

Telephone: _____ **Fax:** _____

Please transfer the medical records for the following people to:

Five Cross Roads Medical Centre

284 Peachgrove Road · P O Box 14121 · Hamilton 3252

Healthlink EDI: fivex

We would prefer electronic GP2GP notes transfer

✓	GP	NZMC
	Dr Jeffrey Chen	38506
	Dr Mike Watson	19309
	Dr Monali Darole	43012
	Dr Hena Mahal	43687

PLEASE ALSO DE-REGISTER PATIENT FROM MMH PATIENT PORTAL IF APPLICABLE

Family Name	Given Names	DOB or NHI

Patient's current address: _____

_____

Signed: _____ **Date:** _____

Five Cross Roads Medical Centre,
284 Peachgrove Road, P O Box 14121,
HAMILTON 3252.

Telephone: 078557824
Fax: 078558927