



2/1 Kamerunga Road, Stratford Qld 4870  
**Ph: 07 4058 2264 Fax: 07 4055 1567**  
Email: [reception@stratfordmedical.com.au](mailto:reception@stratfordmedical.com.au)  
HealthLink EDI: stratfds

- |  |                    |  |                    |
|--|--------------------|--|--------------------|
| <input type="checkbox"/> Dr Amanda Roberts | Provider: 295311CW | <input type="checkbox"/> Dr John Buhagiar  | Provider: 2918634B |
| <input type="checkbox"/> Dr Amanda Blinco  | Provider: 289129CB | <input type="checkbox"/> Dr Anthony Morice | Provider: 403681EH |
| <input type="checkbox"/> Dr Cathmar Ross   | Provider: 201136UK | <input type="checkbox"/> Dr Jenny Chandler | Provider: 487475PJ |
| <input type="checkbox"/> Dr Thuy Au        | Provider: 451957CK | <input type="checkbox"/> Dr Paul Welsman   | Provider: 473029AX |

**Patient Details:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Details: \_\_\_\_\_

**Additional Family Members** (who also require medical records from the Practice mentioned below)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I/we am/are now attending Stratford Medical Centre.  
Could you please forward a copy of my medical record to the practice at the above address.  
I understand an administration fee may be charged for this service. If this is so can you please contact me directly at the above number.

**Doctor Details:** (Name of Doctor/Medical Practice I am requesting records from)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Requested (Please circle):**

- |   |              |
|---|--------------|
| Progress Notes                          | Other: _____ |
| Health Summary                          | _____        |
| Specialist/Allied Health correspondence | _____        |
| Pathology/Imaging investigation results | _____        |

**I hereby authorize my records to be sent to the above practice**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you consent the Doctors at Stratford Medical Centre uploading and accessing your My Health Record (MHR)?**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_