



Thrive Medical
Practice

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Mail:	PO Box 239, Crookwell. NSW. 2583
Email:	reception@thrivegp.com.au
ABN:	20 874 354 075

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To:

Fax/email:

Patient Details

Name:	
DOB:	
Address:	

The patient above is attending Thrive GP Medical practice. In order to provide continuity of care, we would appreciate if you could please provide the following information for Dr Lisa Opie:

Patient Health Summary including medication regimen and history

Recent pathology, x-ray and relevant results

Names of specialists involved in the patient's care

Records for years :

Full Immunisation History

Our practice uses Best Practice software. If you also use this software, please export the patient file to a CD via the HCN Maintenance tool (Import/Export) and select XML format. Please post to PO Box 239 Crookwell, NSW 2583 as listed below.

I, _____, hereby give permission for the release of the above information to the Thrive GP Medical Practice.

Signed: _____

Date: _____