



Telephone: (08) 9956 8999 Fax: (08) 9956 8998
Email: reception@mwaeromedical.com.au
Po Box 7145, Geraldton WA 6531

Request for Medical Records

Date.....

Doctor/Medical Centre where records are currently held:

Doctor/Practice.....

The following patient(s) is/are now attending this Practice.

Dr

Could you please forward a copy and/or summary of the medical records
for the following:

DATE OF BIRTH	FIRST NAME	SURNAME

If a fee is charged for release of Medical Records please contact or send
invoice to:

Full Address: _____

Phone number: _____

Email: _____

All adults must sign the authority to release medical records:

I _____

Give permission for the requested medical records be released to
Midwest Aero Medical

Signed _____

**Please note: If you use Medical Director software, we are happy to receive records by
email in .xml format. Please email to reception@mwaeromedical.com.au**