SEAFORD HEIGHTS
MEDICAL CENTRE

Shop 2/44 Robinson Road

Seaford Heights, SA, 5169

P: 08 8185 7160

F: 08 8212 2567

E: admin@seafordheightsmc.com.au

To: **Fax:**

Dear Practice management team.

This patient is now attending our clinic.

To ensure the best possible healthcare can you please provide the following:

- Patient summary – include Medications, PMH and Immunisation record.
- Last HCP/CMA/EPC including mental health care plans
- Last pathology/blood results/scan reports/cervical screening reports
- Any relevant specialist clinic letters to ensure our patients continuity of care
- **We prefer to receive correspondence electronically by HealthLink (EDI – seafordh) or by fax/email.**

Thank you for your cooperation.

Yours sincerely,

Seaford Heights Medical Centre Team

I confirm that I am the patient/patient's legal guardian. I hereby give my consent for Seaford Heights Medical Centre to obtain my medical records for the continuity of my medical care.

Name: **Date of Birth:**

Signed: **Date:**