

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

If you are over the age of 16 you are required to complete and sign your own form

Previous GP Clinic: _____

Please transfer the medical records for the following people to Flagstaff Medical Centre

NHI	Family Name	Given Names	Date of Birth

**Please send electronic GP2GP notes transfer
 EDI is flgmcham**

Please tick which Doctor you would like to register with:

Dr Aisha Latif – NZMC 64911

Dr Anisha Dubey – NZMC 62427

Dr Nigel Eaves – NZMC 38053

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In order to receive the best care possible, I agree to Flagstaff Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

Signed: _____

Date: _____