

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 Dot Smyth – NZMC 19297

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: _____