



# Better Health

FAMILY CLINIC

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Clinic/Doctor: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dear Colleague

Better Health Family Clinic requests that a full copy of Medical records for the following patient/s be forwarded to us at your earliest convenience.

We would prefer an electronic copy in XML format.

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Patient authority:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

If you have any queries, please contact us.

Kind Regards

Better Health Family Clinic



Somerville Clinic  
127-129 Somerville Road,  
Hampton Park VIC 3976



Postal Address  
PO Box 477  
Hampton Park VIC 3976



PH: +61 3 9702 9300  
FX: +61 3 9702 9388



[www.betterhealthfamilyclinic.com.au](http://www.betterhealthfamilyclinic.com.au)  
[info@betterhealthfamilyclinic.com.au](mailto:info@betterhealthfamilyclinic.com.au)