

PO Box 6410,
Te Aro
Wellington
Ph (04) 801 8935
Fax (04) 801 8740
EDI: capcarhc



Request for Transfer of Notes From Previous Primary Health Care Provider

Please transfer the medical records of the following to Capital Care Health Centre:

Full Name: _____

Date of Birth: ___/___/_____

Signature: _____ Date of Signature: ___/___/_____
(If over 16 years of age)

OR

Signed by Authority: _____ Date of Signature: ___/___/_____

Relationship to Patient: _____

Name of previous medical centre: _____

Address of previous medical centre: _____
(If not known please write the town/city it was located)

Fax number of previous medical centre (if known): _____

Please note that request for medical records for patients aged 16 years or over are required by law to be signed by the patient.

OFFICE USE ONLY

Doctor	NZMC	✓	Doctor	NZMC	✓
Karen Mason	21310		Laura Garlick	65275	
Anna Kang	64568		Geetha Cox	23834	
			Samantha Murton	15922	

If unable to use GP2GP please forward all Electronic Notes via EDI. If unable to do either please print off all Electronic Notes and forward along with Hard Copy of files.