

HILLCREST & TAMAHERE MEDICAL CENTRES

3 Masters Ave, Hillcrest, Hamilton 3216
PO Box 11102, Hillcrest, Hamilton 3251
Phone 07 856 5087 Fax 07 856 4927 EDI: HILLCRHM

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Each person 16 years or over to complete and sign own form

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

To: _____ [name of previous doctor]

Address: _____

Please transfer the medical records for the following people to Hillcrest Medical Centre.
Please suspend patient from Patient Portal Registration.
Please note "We do not accept discs or USB"

Family Name	Given Names	DOB or NHI

Signed: _____ Date: _____

If possible please use the GP2GP export for transfer of patient records.

Doctor	NZMC	Doctor	NZMC	Doctor	NZMC
Steve French	15874	Angela Fairweather	19522	John Duncan	14466
Denise Porter	23872	Harvey Govender	20825	Simon Shingler	48967
Stewart Wells	10555	Vasanthan Raghuvieran	36140	Fen Yang	49832
Julie Moon	36538	Julia Jonggowisastro	64453	Raja Wahab	50997
Sophie Scarlet	66610	Kee Ping Lim	64583	Betty Zhang	71962
Jane Creighton	41092	Abdel Salih	70364		

