

TI-TREE FAMILY DOCTORS

118 Mount Eliza Way
MOUNT ELIZA VIC 3930

Ph: 03 9787 8033
Fax: 03 9787 3468

To: _____

Dear Doctor:

RE: _____ Date of Birth: _____

The above patient is now attending this clinic for medical care.

Our practice uses Medical Director 3. It would be appreciated if you could send me a copy of their file on CD/DVD, in order to continue their care.

If this is not possible, I would be grateful if you could forward me any relevant information from his/her medical file that may be of assistance in ongoing management.

We would appreciate your advising us of the following where applicable:

Description	Item number	Date
GPMP	721	
Review of GPMP	732	
TCA	723	
Review of TCA	732	
GP Mental Health Treatment Plan	2715/2717	
Review of Mental Health Plan	2712	
Diabetes cycle of care	2517/2521	
Health Assessment (over 75)	701/703/705/707	
Health Assessment (45-79)	701/703/705/707	

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AUTHORITY

I hereby authorize the release of medical information from my file as specified above

Signed _____ Date _____