MIDLANDS HEALTHNETWORK

TE KAUWHATA HEALTH CENTRE

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 Te Kauwhata Health Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

To:
Address:

Please transfer the medical records for the following people to Te Kauwhata Health Centre

Family Name	Given Names	DOB or NHI

GP2GP: Dr Geoffrey Knight - 09087
EDI: tekauwhc

Signed: _____ **Date:** _____