

# DSR ADMINISTRATION SERVICES PTY LTD

(T/A GLOVER STREET SURGERY)

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Dear Dr.: \_\_\_\_\_ Fax: \_\_\_\_\_

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

The following patient is now attending our practice. Could you please forward a summary of any relevant medical history, including any recent specialist's letters, recent or abnormal results.

Could you please assist us by advising if your patient has had any of the following assessments or review conducted in the last 2 years.

GPMP	Date:	TCA	Date:
Health Assessment	Date:	Home	Date:
GP Mental Health Plan	Date:	Diabetes Cycle of Care	Date:
GP Mental Health Review	Date:	15-49 years check	Date:
4 year old check	Date:	Asthama cycle of care	Date:

❖ If you are using Best Practice or Medical Director software, please use XML format when copying to disc. If not, please fax or mail. Thankyou

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

*Dr. Ragnavendra, Uthappa, McClure & Heal*

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I hereby give permission for release of my medical records to the above surgery.

Patient's Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_