



PIONEER
Pelvic Pain Clinic

2 Pioneer Road
Albany WA 6330
Phone 08 9842 2822
Fax 08 98428219
Healthlink: PIONEERH
admin@pioneerhealth.com.au
www.pioneerhealth.com.au

Authority to Release Medical Records to Pioneer Health

To Dr _____

Address: _____

Suburb: _____ Postcode: _____

Fax: _____

Dear Doctor,

The patient whose details are given below is now attending this clinic for pelvic pain.

I would be grateful if you could forward any relevant medical history / case notes / specialist letters / reports to assist in this patient's ongoing medical care. If your practice currently uses Best Practice it would be greatly appreciated if you could forward these notes in .xml format on usb, disc or via Healthlink. Our username is PIONEERH

Could you also please advise us of the most recent dates when any of the following items were charged:

GPMP (Care plan) _____ / _____ / _____

TCA (Team Care Arrangement) _____ / _____ / _____

Mental Health Care Plan _____ / _____ / _____

Thank you for your assistance.

Yours faithfully,

Pioneer Health Albany

Patient Name: _____

Date of birth: _____ / _____ / _____

Address: _____

Medicare No: _____

I hereby authorise the release of my medical records to Pioneer Health Albany.

Signed _____ Dated _____ / _____ / _____