

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 pelvic pain 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

Please note, this request is specific to the Pelvic Pain Clinic and is not a request for full medical records.

Could you please provide us with the following:

Operation report (with photos if applicable)

Pathology

Pelvic ultrasound

Specialist letters

Other _____

Thank you for your assistance.

Yours faithfully,

Pioneer Pelvic Pain Clinic

Patient Name: _____

Date of birth: _____ / _____ / _____

Address: _____

Medicare No: _____

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

Signed _____

Dated _____ / _____ / _____