

**Transfer of Medical Notes Request**  
**ONSLow MEDICAL CENTRE**

125 Moorefield Rd  
 Johnsonville  
 Wellington 6037

Ph: (04) 478-9999 Fax: (04) 478-9998

EDI: onslowmc

**For GP2GP:**

Dr Alison Craig	NZMC: 14041	HPI: 16AGZZ
Dr Shane Dunphy	NZMC: 13189	HPI: 17AGCL
Dr Tim Jefferies	NZMC: 21404	HPI: 19ANJX
Dr Atikah Razley	NZMC: 66451	HPI: 26ARYW
Dr Anasuya Vishvanath	NZMC: 66637	HPI: 20AUPK

To Dr (Previous Doctor)..... Date.....

Medical Centre: .....

Address: .....

Phone: (.....)..... Fax: (.....) .....

**PLEASE NOTE: Signatures are required for all family members over the age of 16 years**

**The following patient(s) have joined our medical centre:**

Family Name	First name	D.O.B	NHI	Gender M/F	Signature

Could the medical notes of the above named people please be forwarded to: Onslow Medical Centre by GP2GP, via EDI or by post

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Witness (OMC use only please) \_\_\_\_\_