

## Transfer of Medical Notes Request ONSHOW MEDICAL CENTRE

123 Moorefield Rd  
Johnsonville  
Wellington 6037

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

**For GP2GP:**

Dr Alison Craig  
Dr Shane Dunphy  
Dr Tim Jefferies  
Dr John Monro

NZMC: 14041 HPI: 16AGZZ  
NZMC: 13189 HPI: 17AGCL  
NZMC: 21404 HPI: 19ANJX  
NZMC: 7905 HPI: 19ABWQ

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

Medical Centre:  
.....

Address:  
.....

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

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

**PLEASE NOTE: Patients 16 years and over MUST SIGN their own Transfer of Medical Notes Request Form**

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

| Family Name | First name | D.O.B | NHI | Gender<br>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)