



REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

(Each person aged 16 and over is to sign their own form)

EDI: dvscnram

Radius Medical Hamilton centres:

St Andrews

26 Bryant Road
Te Rapa
Hamilton
Ph: 07 8494181
Fax: 07 8491742

Rototuna

Cnr Horsham Downs &
Thomas Road
Rototuna
Hamilton
Ph: 07 8525377
Fax: 07 8525378

Davies Corner

31 Hukanui Road
Chartwell
Hamilton
Ph: 07 8555370
Fax: 07 8555901

K'aute Pasifika

517 Anglesea Street
Central Hamilton
Ph: 07 8383874
Fax: 07 8383875

The Family Clinic

39 Vercoe Road
Beerescourt
Hamilton
Ph: 07 8492767
Fax: 07 8493028

To: (name of your previous doctor)
Drs Address:

Please transfer the medical records for the following people to Radius Medical:

Family Name	Given Names	Date of birth

Your current address:

SIGNED:	DATE:
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