Glenview Medical
Your Family Doctor

itsmyhealth™
Midlands Health Network

Glenview Medical Centre

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Each person 16 years or over to complete and sign own form

In order to receive the best care possible, I agree to Glenview Medical Centre obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

To: _____

Address _____

_____

Please transfer the medical records for the following people to:
Glenview Medical Centre
1 Urlich Avenue, Hamilton
Phone: (07) 843 4429
Healthlink EDI: glenview
Our Preference is GP2GP

Dr Malcolm Carmichael	**NZMC 11120**	☐	**Dr Vijay Srivastava**	**NZMC 30866**	☐
Dr Meena Srivastava	**NZMC 42070**	☐	**Dr Ruth Potter**	**NZMC 49768**	☐
Dr Robert Murphy	**NZMC 14619**	☐			

Family Name	Given Names	DOB or NHI

Signed: _____ **Date:** _____