



- 13-15 Bute Road, Browns Bay, Auckland 0630
- Telephone 479-5422 Facsimile 479-5478
- www.brownsbaymed.co.nz

Date _____

To Previous Doctor

Dear Dr

Please transfer my/our medical records by **electronic transfer** using **GP2GP** or by **healthlink to brownsby**, including old paper records and scanned letters,

to my/our new doctor Dr _____

_____ DOB _____ Signature _____

(18 years and over only)

_____ DOB _____ Signature _____

(18 years and over only)

_____ DOB _____ Signature _____

(18 years and over only)

Our Former Address on your file

Many thanks
Yours sincerely

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