Pinnacle
Midlands Health Network

FLAGSTAFF MEDICAL CENTRE

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

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

Previous GP Clinic name: _____

Please transfer the medical records for the following people to Flagstaff Medical Centre:

NHI	Family Name	Given Names	Date of Birth

Please send electronic GP2GP notes transfer to:

EDI is FLGMCHAM

(Optional) **Please tick which Doctor you would like to register with:**

Dr Olivia Egan – NZMC# 86914 ☐
Dr Nilakshi Fonseka – NZMC# 70342 ☐

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

Signed: _____ ***Date:*** _____

Flagstaff Medical Centre
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