



**EMERALD LAKES MEDICAL CLINIC**

10/3027 The Boulevard  
Emerald Lakes Town Centre  
Carrara Qld 4211  
emeraldakesmedical@outlook.com  
Ph: 07 5594 5551 Fax: 07 5594 5553

Date: \_\_\_\_\_

To Dr / Medical

Centre: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

The following patients are now attending our clinic for their healthcare needs.  
We would be grateful if you could send:

- All Medical Records
- Health Summary
- GPMP or MHCP

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature \_\_\_\_\_

We use Medical Director software, records can be transferred via Medical Objects to  
Doctor: \_\_\_\_\_ or faxed on 07 5594 5553.

If you have any queries please contact Emerald Lakes Medical Clinic on 07 5594 5551.