

WHITSUNDAY DOCTORS SERVICE

Dr Frans Badenhorst Dr Konrad Kangru

Dr Cynthia Filipcic DR June kew

Dr Mariya Koval

35 Chapman Street, Proserpine Qld 4800

Phone: (07) 4945 1766

Fax: (07) 4945 2344

Date: _____

Previous Doctor: _____

Address: _____

Fax: _____ Phone: _____

Patient Name: _____

Date of Birth: _____

This patient is now attending the Whitsunday Doctors Service and has requested that a copy of their medical history be forwarded to the doctor whose name appears on the bottom of this form. It would be most appreciated if you could forward these records at your earliest convenience.

Whitsunday Doctors Service uses MD3. It would be appreciated if the records could be exported to CD in preference to hard copy.

Please also include the following family members:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Thank you in appreciation of your courtesy and help.

Doctor's Stamp

Doctor's signature: _____

Patients signature: _____ Date: _____