



Cnr Ranui & Dent St, PO Box 54  
Ngatea 3503  
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Email [administration@healthngatea.co.nz](mailto:administration@healthngatea.co.nz)

## 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 Health Ngatea obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

**To: (Previous Doctor)**  
**Address:**

Please transfer the medical records for the following people to Health Ngatea

Dr Hayley Scott NZMC 22819  
Dr Keegan Edwardson NZMC 69548  
Dr Tom Nicholson NZMC 36732

NHI	Family Name	Given Names	Date of Birth

Our practice accepts electronic GP2GP notes transfer.

Our EDI is [hauraki]

Signed: \_\_\_\_\_

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