



ASPIRE MEDICAL AND SKIN — CENTRE —

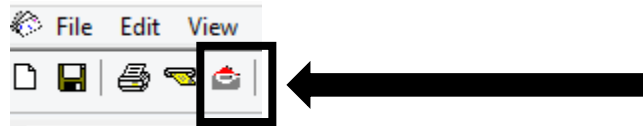


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Email: reception@aspiremed.com.au

Permission to Release Personal Health Information

We accept health information via fax, email or secure Health Link MD exchange,

HealthLink EDI: [aspirems](#) OR Facility Id: [mdx3126B](#)



1. Send via MDEXchange window will pop up, Select from field and click on TO
2. In Select MDEXchange Recipients window, enter Facility Id of **mdx3126B**

Date: ___/___/___

Previous Medical Centre: _____

Tel: (____)_____ Fax: (____)_____

Dear Doctor,

I (*Patient's full name*) _____ of

(*Address*) _____ (*Postcode*) _____

DOB ___/___/___ will now be attending *Aspire Medical and Skin Centre* and I am requesting that all my medical records be transferred as soon as possible.

I also request that the complete medical records of my children (under 16yr old):

Name/s and DOB: _____.

Specific documents: _____.

Signature of Patient/Guardian: _____

Date: ___/___/___