

**Carnegie Medical Centre**  
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**Dr Laurence Elder**  
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Provider No 4599006K



**PATIENT CONSENT FOR RELEASE OF INFORMATION**

Re: \_\_\_\_\_

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

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The above patient is now attending this surgery. We would be most grateful for a summary of his/her past medical history or in the case of specialist's visits, a copy of correspondence to their previous GP to assist with ongoing care. **Please forward all correspondence in .xml format on a disk.**

Yours sincerely

Dr Mark Lipzker                      Dr Korina Galatis  
Dr Nirosh Amarasekera          Dr Kelly Huang  
Dr Laurence Elder

**AUTHORITY TO OBTAIN MEDICAL RECORDS**  
I authorize the release of information to Carnegie Medical Centre

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

Previous Doctor: \_\_\_\_\_

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

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

It is the policy of Carnegie Medical Centre to observe confidentiality of all information received.