

**Healthcare on Collins**

Home of Midtown Medical Clinic & The Melbourne Sports  
Medicine Centre  
Level 4, 250 Collins Street, Melbourne VIC 3000

Tel: 9650 4284  
Fax: 9654 6514  
[info@healthcareoncollins.com.au](mailto:info@healthcareoncollins.com.au)



**HEALTHCARE ON COLLINS**

---

**REQUEST FOR MEDICAL RECORDS TRANSFER**

---

I, ..... *(Patients' full name)*

Date of Birth: ..... / ..... / .....

Of *(Patients current address)*

.....  
.....

**request that a copy of my medical history held by Healthcare on Collins be sent to:**

**Doctor and Address:**

.....  
.....  
.....

Tel: ..... Fax: .....

**I authorise the release of my medical records to the above-named Doctor/Practice.**

Signature: ..... Date: ...../...../.....