

Transfer of Health Summary Consent Form

I, _____ give consent for my Health Summary (or other medical records as requested below) to be released to Tetra Health Clinics.

Patient DOB: _____ Patient Address: _____

Patient Signature: _____ Date: _____

Please include the following:

- Health Summary
- Specialist Letters

Notes / Other:

I authorise for this release to be;

- Faxed to Tetra Health
- Sent by email to Tetra Health

(Please select one or both)