

TRANSFER OF HEALTH SUMMARY CONSENT FORM



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

Patient DOB (dd/mm/yyyy): / /

Patient Address:

State: Postcode:

Please include the following:

Health Summary Specialist Letters

Notes / Other:

I authorise for this release to be;

[Please select one or both]

Sent by email to Tetra Health

/ /

Patient Signature

Date (dd/mm/yyyy)