



DR ANNETTE BEAUFILS

Provider No 0455545T

4/131 Parkes Street
Helensburgh NSW 2508

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PATIENT REQUEST FOR DIGITAL COPY (USB) OF THEIR MEDICAL RECORDS

PATIENT NAME:

ADDRESS:

DATE OF BIRTH:

PHONE:

Please let us know when you require these records (tick the appropriate box).

If you are continuing to see Dr Beaufiles until the end of this year, we will give you your records early 2024.

If you are already seeing a new doctor, we will do them for you now.

I hereby request a copy of my records for my future use upon Dr Beaufiles retirement and the closure of her medical practice.

Signature..... Date requested:.....

Other family members included on this release are:

NAME	SIGNATURE IF OVER 18

I have received a copy of my complete medical record on USB from Dr Annette Beaufiles.

Signature: **Date:**