

Kahelin Medical Pty Ltd

ABN 82 010 455 133

**Brisbane Valley
Medical Services**

Dr M. J. Kahelin

17 Highland Street, **Esk** QLD 4312

t: (07) 5424 1144

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99 Cressbrook Street, **Toogoolawah** QLD 4313

PO Box 44, Toogoolawah QLD 4313

t: (07) 5423 1311

f: (07) 5423 2067

e: toogoolawahdoctors@bigpond.com

To Dr _____

Date _____ 20

Your patient (s) named below now attend (s) this practice. It would be beneficial to their on going care if you could forward relevant clinical details to this practice.

Please mail or fax details to the **Toogoolawah** practice on (07) 5423 2067

An authority to release details appears below.

Name of Patient

Surname

First name

Date of birth

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Dear Dr _____ ,

I hereby authorize the release of my medical details to Brisbane Valley Medical Services.

Signature _____ *please circle* **patient / parent / guardian**

Print name _____