



Queensland Government

Gold Coast Health
CONSENT FOR RELEASE OF INFORMATION (ROI)

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Given name(s):

Address:

Date of birth:

Sex: M F I

Date:

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Organisation:

CONFIDENTIAL COMMUNICATION

Pages: (inclusive)

Please find enclosed a copy of the following:

Discharge Summary:

Emergency Department notes:

Inpatient Progress notes:

Operation notes:

Outpatient notes:

Medical Imaging:

Histology / Cytology:

Pathology:

Clinical Measurement:

Correspondence:

Other:

Would you prefer to access patient information immediately?
Register now for access to the QH **Health Provider Portal** at tiny.cc/QLDgpp
or search the web for 'Qld Health GPs Resources'

Copies of medical records are supplied on the understanding that they are required to facilitate care and treatment of your client / patient, and **not to be given to your client / patient**.
If we may be of further assistance, please do not hesitate to contact us.

Name:

Phone: 5687 3829

Fax: 5668 6952

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