PREMA HOUSE Medical Centre

East Lismore - 211 Ballina Road, East Lismore NSW 2480
SCU HEALTH PRECINCT - Rifle Range Road, East Lismore NSW 2480
PO Box 5053, East Lismore NSW 2480
Phone: 02 6622 5030 Fax: 02 6622 4068
Email: prema@premahouse.com.au

Dr John McKiernan
East Lismore - Provider No: 297855QX
MED0001264571

Dr Zahra Saadat
East Lismore - Provider No: 1620421A
SCU - Provider No: 1620422K
MED0002837004

Dr Aysha Rasool
East Lismore - Provider No: 1804421B
MED0002878873

Dr Madeeha Ajmal
East Lismore - Provider No: 1618901B
SCU - Provider No: 1618902L

Dr Daniel Ooi
East Lismore - Provider No: 5730871L
SCU - Provider No: 5730877H
MED0002300257

Dr Rathees Murugesapillai
SCU - Provider No: 570742BY
MED0002292109

AUTHORISATION TO OBTAIN MEDICAL RECORDS

Patient Name: _____ DOB:____/_____/_____

Address: _____

Previous Medical Centre and Address Attended:

_____

Hereby request the release of my medical records and/or relevant medical information to:

Prema House Family Medical Centre
SCU Health Precinct
Rifle Range Range Road, East Lismore 2480
211 Ballina Road East Lismore 2480
Phone: 02 6622 5030 Fax: 02 6622 4068 Email: prema@premahouse.com.au

The following patient is attending this surgery and I would be very grateful for a summary of his/her medical records and any information you feel would be helpful for his/her ongoing medical care.

In this request please supply the date of last:

Health Assessment	_____	**Diabetes Mellitus**	_____
GP Management Plan	_____	**Asthma Cycle of Care**	_____
Team Care Arrangement	_____	**Mental Health Plan**	_____
45 Year Old Health Check	_____	**Taking of Cervical Screen >4 years**	_____

Other family members (14 & Under) include:

Name..... D.O.B.....

Name..... D.O.B.....

Name..... D.O.B.....

Name..... D.O.B.....

Patients signature: _____ **Date:** _____/_____/_____