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Dr May Tun NZMC 45244 Dr Joel Howe NZMC 68897

**FOR GP2GP ELECTRONIC TRANSFER**

**Healthlink EDI:** cparkmcl

Date / /

Dear Colleague:

Thank you for taking care of this patient in the past. This person, (and the family members listed below), has asked to enrol with this practice, and has been accepted. We prefer to receive notes via GP2GP if you are able to. If you are unable to send via this method, please print off all notes and send to us.

Thank you.

**Previous Medical Centre’s name and address:**

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| **NAME DATE OF BIRTH SIGNATURE** |
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**(Please note that signatures are required for all family members over the age of 16)**

**“I give consent to transfer my medical records, and those of my family”**

**Yours sincerely**

**Medical Receptionist**