

# Churton Park Medical Care

107c Westchester Drive, Churton Park, WELLINGTON 6037

Phone (04) 477 0014 admin@cpmc.co.nz

Dr Mariam Contractor NZMC 49777  
Dr May Tun NZMC 45244  
Dr Nikhil Sarma NZMC 69445

Dr Hernando Sandoval NZMC 61306  
Dr Prasanna Govindaraj NZMC45412

## FOR GP2GP ELECTRONIC TRANSFER

Healthlink EDI: cparkmcl

DATE: / /

Email: reception@cpmc.co.nz

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. 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.

**PLEASE PRINT CLEARLY, THANK YOU**

Previous Medical Centre's name and address:

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**PLEASE COMPLETE BELOW**

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SIGNATURE</u>

(Please note that signatures are required for all family members over the age of 16)

Yours sincerely  
Medical Receptionist