

**Hawker Medical Practice**  
Suite 2 and 3 Birubi Chambers  
Hawker Place  
Hawker ACT 2614

Tel : 02-62552400

Fax: 02-62551645

To Doctor \_\_\_\_\_ of

Hawker Medical Practice  
Hawker, ACT 2614

Dear Doctor,

Thank you for having cared for myself /my family in the past.

I am/we are now attending Doctor \_\_\_\_\_ at

\_\_\_\_\_

I/we would appreciate it if you can transfer my/our medical files or a copy/summary of the files to this surgery.

Please include files for the following children:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Thank you

Yours Sincerely,

DOB :  
Medicare Number  
ADDRESS : ,  
TEL: