

Te Runanga O Ngati Pikiao Trust

REQUEST TO HAVE MEDICAL RECORDS TRANSFERRED

Each person 16 years or over to complete and sign own form

In order to receive the best care possible, I agree to **Te Runanga O Ngati Pikiao Trust** obtaining my medical records from my previous doctor. I also understand that I will be removed from their practice register.

To: _____
 Address: _____
 Fax No: _____

Please transfer the medical records for the following people to **Te Runanga O Ngati Pikiao Trust (Ngati Pikiao Health Services)**

Family Name	Given Names	DOB or NHI

Our practice is able to receive and would prefer electronic GP2GP notes transfer.

EDI: **ngpikiao**

GP2GP: **Dr Grace Malcolm - NZMC: 21422**

Signed: _____ Date: _____