



Little London Medical Clinic

EDI: llundonh

Request for transfer of medical records

To: _____
(previous doctor / medical centre)

At: _____ Fax: _____ (office use)
(suburb, town or city)

**I authorise Little London Medical Clinic to obtain medical records from my/our previous doctor/s.
I understand that I will be removed from their practice register.**

(Please note that each patient aged 16 or over must complete their own transfer request but the parent or guardian must authorise the transfer of medical records for patients aged 15 or under.)

Family Name	Given Names	DOB or NHI

☐ patient portal active?

Signature: _____

Date: _____

Family Name	Given Names	DOB or NHI

☐ patient portal active?

Signature: _____

Date: _____

Family Name	Given Names	DOB or NHI

☐ patient portal active?

Signature: _____

Date: _____

The doctors below are currently accepting new patients.

Little London Medical Clinic prefers to receive notes by electronic GP2GP transfer, to:

☐ Dr Dasna Pallie
NZMC: 46947

☐ Dr Clare Harford
NZMC: 29925

Little London Medical Clinic, 6 Little London Lane, Hamilton 3204
P 07 839 5004 • F 07 839 5006



Little London Medical Clinic

If GP2GP is unavailable or you are not using MedTech, and notes are sent via EDI, please print and post the inbox documents as they do not import into our system. *Thanks.*

Little London Medical Clinic, 6 Little London Lane, Hamilton 3204
P 07 839 5004 • F 07 839 5006

U:/LLMC templates/Enrolment/LLMC Transfer of notes request 2018.doc