



Family Medical Practice
Aesthetic Laser and Vein Centre

Dr. Johann van der Merwe, MD
Dr. Helena Mentz, MD
Dr. Wessel Kriel, MD
Dr. Jeane Lombard, MD

Date :

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Fax number:

Dear Doctor,

REQUEST TO TRANSFER MEDICAL FILE.

I am now a patient of the above mentioned medical practice.

Please forward the following information from my medical file towards the above mentioned practice.

- A short clinical summary.
Copies of important specialist reports on file.
Copies of my most recent diagnostic tests on file.

I am aware that the costs involved to transfer this information normally ranges between \$30.00 and \$100.00.

- Please contact me should the costs exceed this amount.
Please contact me for payment of the service.

Name:

Date of birth :

Address:

Telephone:

Thank you

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(Signature)

Please note:

This medical practice is using an electronic paperless medical filing system. Do not send any original documents you need to retain for future reference. Documents received will not be returned. The College of Physicians recommends that you keep your original medical files intact for at least ten years.

