

**CFS Discovery**  
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**REQUEST FOR TRANSFER OF MEDICAL RECORDS**

Date: .....

I, ..... DOB .....

Hereby request & authorise the transfer of my medical records to:

Clinic: .....

Address .....

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Phone: ..... Fax: .....

Records can be sent on disc in XML or HTML format

Patient Signature.....

**OR**

Date: .....

I, ..... DOB .....

Hereby request & authorise the transfer of my medical records to my home address.

Address .....

.....

Patient Signature.....

\$20 – disc posted to your new Clinic or home address