

**Wadestown Medical Practice**  
**104a Wadestown Road**  
**Wadestown**  
**Wellington**  
**6012**  
**Phone: 04 473 7248 Fax: 04 473 4564**  
**Healthlink EDI: wadeprac**  
**Dr Christine van Dalen (NZMC 15335)**

**Transfer of Notes Request**

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

Date of Birth: \_\_\_\_\_

Previous Doctor name and medical practice: \_\_\_\_\_

\_\_\_\_\_

The patient(s) have confirmed they want to enrol at our practice and that we can have access to their medical records.

“I request the transfer to my relevant medical records to Wadestown Medical Practice”

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please forward their notes to the above address or Healthlink Inbox**

**Thank You**

**We prefer GP2GP**