Dr Paul Campbell, Immunologist B.Sc. (Hons) M.B.Ch.B. PhD (Oxford) F.R.C.P.A

P.O Box 5433, West End QLD 4101
Tel : 1300 504 247
Fax: 07 3905 1816

Provider No.:064508QT
Email: admin@theallergycentre.com.au
www.theallergycentre.com.au

Patient File Transfer Request

Patient Name:

Date of Birth:

Address:

Parent/guardian name if patient is a minor:

I request that copies of reports held on file by Westside Dermatology be forwarded to Dr Paul Campbell.

Patient permission:

I the undersigned declare that I am legally entitled to request the transfer of the patient record.

Signature of patient:

OR: If you are requesting this information as the parent or legal guardian of the above patient please sign here:

Relationship to patient:

Date:

Please complete this form and **forward it to Westside Dermatology** as they will require your written permission to release your file to Dr Campbell. Thank you.