



## THE SURGERY

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ALBANY WA 6331  
Tel (08) 9842 5900  
Fax (08) 9842 1900

To: PathWest Fax: 9841 8171  
Western Diagnostics Fax: 9841 6338  
GSR Fax: 6267 8177

Dear Sir/Madam

The patient whose details are given below is now attending The Surgery for regular medical attention.

I would be grateful if you could forward any results from the last 24 months by electronic download for Dr \_\_\_\_\_ Provider No: \_\_\_\_\_.

Thank you for your assistance.

Yours faithfully

THE SURGERY

I \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ of address \_\_\_\_\_

Hereby consent for my results to be sent to The Surgery Albany.

Other family members to be included:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sign: \_\_\_\_\_

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

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