



Strickland Crescent, Deakin  
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## REQUEST FOR ACCESS TO A MEDICAL RECORD

I \_\_\_\_\_, request access to my medical record which covers the treatment I received over the period..... to.....

My personal details are as follows:

LAST NAME: ..... FIRST NAME: .....

MR/MRS/MS/OTHER..... DATE OF BIRTH.....

ADDRESS: .....  
.....  
.....

TELEPHONE: (Work)..... (Home).....

I wish to: (Please tick)

- View the record
- Obtain a copy of the record
- View the record and have the contents explained

SIGNATURE.....DATE.....

\*Fee of \$34: plus 20c per page thereafter. (Up to 50 pages)  
\*Please allow at least 1 week after processed account.

Office use only  
Approved Yes No Comments.....  
Approved by:  
No copies sent.....Date sent.....