

GP patient information request form

Please **FAX** completed form to:

PIMS Liaison Officer
Patient Information Management Service
Fremantle Hospital and Health Service

Fax: (08) 9431 3685
Phone: (08) 9431 2142

Patient Details

*Surname: _____ UMRN Ref: _____
 *Given Names: _____
 Address: _____ *Date of Birth _____
 Suburb _____ State _____ Gender: Female Male
 Postcode: _____
 * Denotes mandatory fields

Information Required

Discharge Summary: Date of admission or discharge: _____
 Investigation: _____ Date: _____
 Procedure: _____ Date: _____
 Outpatient notes for _____ Clinic Date of appointment: _____
 Other: _____

Urgent- within hour

Non Urgent-within 48 hours

Date of request: _____


GP details

Dr _____
 Surgery: _____
 Address: _____
 Suburb: _____
 Phone: _____ Fax: _____

Practice Stamp:

Please tick preferred communication:
 Mail Fax

CONFIDENTIALITY NOTE: The information contained in this facsimile message may be confidential patient information. If you are not the intended recipient, any use, disclosure or copying of the document(s) is unauthorised. If you have received this document in error, please telephone (08) 9431 2484 immediately.

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