



Suite 2 & 3 Birubi Chambers
Hawker Place
Hawker ACT 2614
Tel : 02 62552400 Fax: 02 62551645
contact@hawkermedical.com.au

Dr _____ at Hawker Medical Practice. I am / we are
now attending the practice of Dr _____.

I understand that you will contact me once the files are ready, and a fee \$50 is payable for file transfers, and it may take a period to complete. All files will be sent on disc. If it is not sent via internal courier, it will be sent via registered mail.

New practice name: _____

Address: _____

Suburb: _____ State: _____ Postcode _____

Please include the file for the following children. I do understand that a separate form is to be signed for any person over the age of 16.

Name: _____ DOB : _____

Name: _____ DOB : _____

Name: _____ DOB : _____

Name: _____ DOB : _____

- Full Name: _____ DOB: _____

Signature: _____

Thank you