



ORAN PARK MEDICAL

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Medical Records Transfer – Cover Sheet

Date: _____

To: _____

Re: _____

We have received your request to provide previous medical records.
Please find following their Patient Health Summary.

For any previous investigations ie. Pathology, imaging etc. please contact the relevant providers. We are unable to provide any correspondence etc. from third party providers e.g., specialists so you would have to contact these providers direct.

Yours Sincerely

Per:

Oran Park Medical

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