

Brisbane City Doctors

Lower Level Manor Apartments

289 Queen Street

ABN: 87 010 672 241

Ph: 07 3221 3366 Fax: 07 3221 3082

Website: www.brisbanecitydoctors.com.au

To whom it may concern,

I _____,
(Print name)

Date of Birth: _____

Give permission for my records to be released to the above practice.

Records to be released from:

Practice Name: _____

Phone Number: _____

Fax Number: _____

Signed: _____

Date: _____

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