**Birchview Surgery**

**Kilnamanagh/ Tymon PCC**

**Dr. Deborah McGrane Airton Rd, Tallaght**

**Dr. Caroline Hayden Dublin 24**

**Tel: 4520890**

Dr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RE: Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Doctor,

The above named patient(s) has transferred to this practice. I would appreciate if you could forward their medical records at your convenience.

We use HealthOne.

If you are a Healthcare professional with a Healthmail account please email us the file to [birchviewsurgery.gp@healthmail.ie](mailto:birchviewsurgery.gp@healthmail.ie)

(please note: this address can only receive emails from a healthmail address)

Yours sincerely

Fiona Coleman (practice manager)

Patient Authorisation:

I consent to the release of my medical records to Birchview Surgery.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_