



# Warrumbungle Medical Centre

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Prov. No. 2120709H

## Request For Medical Records

Dear Dr .....

Ph: ..... Fax:.....

Email:.....

I, ..... DOB .....

Address.....

hereby authorise Warrumbungle Medical Centre to obtain my medical history.

Signed ..... Date .....

- Full medical record       Summary record
- Reports .....
- .....

Please forward medical records for the above patient via

Fax: 02 6842 3330

Email: [front.desk.wmc@gmail.com](mailto:front.desk.wmc@gmail.com)

Post: 59 Cassilis St, Coonabarabran NSW 2357

Yours Sincerely,

A/Prof Aniello Iannuzzi

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