



Total Health Care

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REQUEST FOR TRANSFER OF MEDICAL RECORD/S

I, _____,

DOB: ____/____/____

request a copy of my medical record/s to be

transferred to _____

Patient's Signature: _____

If under 18 years of age: Parent/Guardian's Signature:

Date: ____/____/____

Psychiatrists

Dr Chris Rikard-Bell
033375AB

Dr Peter Vaux
044763FB

Dr Stephen Koder
046649NA

Professor Garry Walter
044464LJ

Dr Philippa Levy
403282CW

Ms Nicole Emdur-Apps
4080152H

Ms Jasmin Jambrak
4792585A

Mr Walter Kiris
2869584H

Ms Jacquelyn Furey
2597242F

Psychologists

Ms Anissa Mouti
4538482Y

Ms Clare Williams
4693685Y

Ms Anita Gardner
4985814J

Professor Stephen Touyz
2579845F

Dr Brooke Donnelly
2973536Y

Ms Emma Lambert
5606511B

Medical, Dietetic, Psychosocial

Professor Michael Kohn
042999EH

Professor Simon Clarke
0022358J

Dr Jane Ho
220100LF

Ms Elizabeth Frig
4365423W

Ms Vicki Hewson
2679522B