

“Havyatt Farm”
32 Nicholsons Lane
Nashua NSW 2479

Dr Anthony M Havyatt
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A.M. Havyatt Pty Ltd
PO Box 98
Bangalow NSW 2479

Date: _____

Dear Doctor _____

Phone/ Fax number: _____

Email: _____

The following patient has requested a copy of their medical summary to be sent to my practice, including:

- Past and Current Medical History
- Current Medications
- Recent Specialist Letters
- Latest Reports of Investigations (Pathology, Medical Imaging)

If relevant, please also advise the last dates on which the following items were charged to Medicare:

- | | |
|------------------------------|-------------|
| GPMP/TCA (initial or review) | Date: _____ |
| Mental Health Assessment | Date: _____ |
| Diabetes Cycle of Care | Date: _____ |
| Health Assessment | Date: _____ |
| Any future recalls | Date: _____ |

Many thanks for your help in this matter.

Dr Anthony M Havyatt BA MBBS FRACGP
Provider number 263034PA

Patient Name: _____ Date of Birth: _____

Patient's signature: