



Cassowary Coast

PHYSIOTHERAPY

Tully · Mission Beach · Cardwell

To whom it may concern,

REQUEST FOR MEDICAL RECORDS

I, _____ DOB: ____ / ____ / _____ authorise the release of my medical records to Cassowary Coast Physiotherapy to assist with ongoing treatment.

- Notes _____
- Reports _____
- Other _____

Signed: _____ Date: ____ / ____ / _____

Please could these be either faxed to 07 40680044 or emailed to admin@cassowarycoast.physio

Cardwell
PHYSIOTHERAPY

Mission Beach
PHYSIOTHERAPY

Tully
PHYSIOTHERAPY

our reputation is your reassurance

ABN: 49 618 646 423