

The Mojo Klinik

Suite 11/40 Yeo Street
Neutral Bay, 2089, NSW

Ph 0291338500

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Dear Surgery

Surgery Name:.....

Address:.....

Phone:.....Fax:.....

The following patient is now attending this surgery

Name:..... DOB:.....

Address:.....

The patient wishes to have their records, notes, results & ALL CORRESPONDENCE – including LETTERS, FAXES & COMPOUNDED PRESCRIPTIONS transferred to our surgery.

Please do transfer via email to reception@mojoklinik.com

Patient signed authority:.....

Date:.....

Yours sincerely, The Mojo Klinik