



**The Better Age**  
LONDONO PTY LIMITED  
ABN 60156505805

Service Manager / CNC  
Meng Yang  
Email:  
teamwork@thebetterage.com.au

Attention Dr: .....

Practice Address: .....

The following patient(s) are now attending our practice.

Name..... DOB.....

Name..... DOB.....

Name..... DOB.....

Name..... DOB.....

It would be appreciated if you could transfer a copy of their medical records to our practice for the continuation of their medical care.

Our preference is to receive Medical Records in **Electronic Format** and our system requires the files to be in **PDF format**, thank you for your assistance in this matter.

Requesting Person's Full name \_\_\_\_\_

I consent, or consent on behalf of \_\_\_\_\_

to transfer the records to The Better Age - Aged Care GP service  
and requesting **Dr Felipe Londono**

to attend the medical care needs while residing in the care facility of \_\_\_\_\_

Signature..... Date.....