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Dear Dr \_\_\_\_\_

Re: \_\_\_\_\_ DOB \_\_\_\_\_

I will be attending the Ibuki Health + Wellness clinic and wish to have a copy of my records forwarded to them for my ongoing medical care.

I \_\_\_\_\_ hereby give you permission to Forward my medical records to Ibuki Health + Wellness as detailed below.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Fax 07 5447 5680

Email [marion@ibukihealth.com](mailto:marion@ibukihealth.com)

Address PO Box 108 Noosa Heads 4567.