



**MANA**  
MEDICAL CENTRE

Dr Maki Jagose	NZMC 14595	Dr Charlotte Dempster	NZMC 19618
Dr George Karageorge	NZMC 45146	Dr Katie Donegan	NZMC 63684
Dr David Donegan	NZMC 63683	Dr Rini Chegudi	NZMC 59345
Dr Caroline Armstrong	NZMC 60714	Dr Eeva Alhava	NZMC 80303

**FOR GP2GP ELECTRONIC FILE TRANSFER**  
healthlink EDI: manamcwn

Date    /    /

Dear Colleague:

Thank you for taking care of this patient in the past. This person, (and the family members listed below), has asked to enrol with this practice, and have been accepted. We prefer to receive notes via GP2GP if you are able to. If you unable to send via this method, please print off all notes and send to us. Thank you.

Previous Medical Centre's name and address:

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"I give consent to transfer my medical records, and those of my family"

Surname	First Name	Date of Birth	Patient Signature

(Please note any person over the age of 16 is required to sign for their own medical records)

Yours sincerely

Medical Reception