# BOROUGH GREEN MEDICAL PRACTICE

# PATIENTS WISHING TO TRANSFER TO ANOTHER DOCTOR

**If you wish to transfer to another doctor please complete the information below and we will transfer you to the doctor who is taking on transferring patients at the time of your request:**

NAME:

FAMILY MEMBERS:

(We like to keep families together under one doctor so we prefer to transfer the whole family)

|  |
| --- |
| Current doctor |
| Reason for requesting a transfer |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will email you to confirm the transfer and the name of your new doctor. If you leave this line blank we will write to you.