GRAFTON SURGICAL CLINIC

Dr Sam Martin: Provider: 240628JK
Phone: 02 66 422633 Fax: 02 66 426653

PLEASE COMPLETE FORM AND RETURN TO RECEPTIONIST

(if you require help in completing the form please speak to receptionist)

Mr / Mrs / Miss / Ms / Other
FULL NAME:----------

ADDRESS:----------

Date of Birth:----------Home Phone:----------

Work Phone:----------Mobile:----------

Email address:----------

Medicare Number:----------
Ref number before name (e.g. 1.2.3.)------Expiry date----------

Health Fund:----------Number:----------

Veterans Affairs Number:----------

Alternative contact person:----------

Phone No:----------Mobile:----------

Referring Doctor:----------

Local GP (if different from referring doctor):----------

Is this consultation a Workers Compensation or Third Party Claim?
Yes / No

I hereby give Dr Sam Martin permission to access or obtain relevant medical information from any other health provider or ancillary service provider.

Signed:----------Date:----------

Payment is requested at time of consultation.