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Dr Warrick Smith  
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Dr Marcelo Nascimento  
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Gynae-Oncologist

## Patient Demographics & Consent for Release of Medical Information

### Personal Details

Mrs/Miss/Ms/DrMr ..... Surname .....

Given Name ..... Street/Postal Address .....

..... Postcode .....

Date of Birth ..... Home Phone .....

Work Phone ..... Mobile Phone .....

Email address .....

Occupation ..... Next of Kin .....

Relationship to Next of Kin ..... Next of Kin Phone .....

Medicare No .....Ref ..... Medicare Expiry Date .....

Health Fund ..... Health Fund No .....

Referring Doctor ..... Suburb .....

General Practitioner..... Suburb .....

How did you hear about us? GP / O&G Specialist / Website / Yellowpages / .....

### Consent to Release of Medical Information

I give my consent to Eve Health, or their agents and advisors, to contact medical practitioners or other bodies I have consulted to obtain health and other information that may be pertinent to my care.

I authorise those medical practitioners or bodies to release such information, which may include sensitive health information, to Eve Health, or their agents and advisors, as may be requested.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

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