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Dr Warrick Smith
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Dr Tal Jacobson
MA, MBBS, MRCOG, FRANZCOG
Gynaecologist

Dr Naven Chetty
MBBS, FRANZCOG, CGO
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 NoRef 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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