

Mr David James

Bellbird Private Hospital

195 Canterbury Rd Ph 98452330

East Melbourne
Suite 8.5 Epworth

Hospital , Bridge Rd Ph 94213062

Ringwood East

4 Wantirna Rd

Ph 1300 780377

Fax 99554099

Fax 94210755

Fx 98452390

ENT Surgeon Blackburn

## functionalentsurgery.com

## Mr. David James— ENT Surgeon: Patient Registration

Title: ...... Surname: ..... First Name: ..... Address: Phone: (H) .....(W) ..... (Mobile) Email: Date of Birth: ...... Occupation: ..... Parents/ Guardian (if patient is a child): ..... GP's Name: GP's Address: Date of GP Referral Letter..... Medicare No.: ...... Ref. on card: .....Expiry: ..... Health Fund: ......Member No: ..... DVA File No.: (if applicable) ..... How did you hear about us (please tick the appropriate circle)? GP Healthcare Professional Word of mouth Internet Other I hereby give express permission to the staff and associates of Mr. James to receive and supply personal medical information from or to other medical practitioners on my behalf. I/we acknowledge that I/we are wholly responsible to arrange any further appointments to discuss test results conducted by Mr. James on our behalf. Please note that your private information will be protected under the Commonwealth Health Privacy Act 2001. Signature: .......Date: .....