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:----------

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 related to 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.