

First  
Name/s

Surname

D.O.B

Male/  
Female

Mother's  
Name

Father's  
Name

Address

Suburb/  
Town

State

Postcode

Mother's  
Mobile

Father's  
Mobile

Home  
Phone

Mother's  
Email

Father's  
Email

Medicare  
No.

Ref  
No.

Expiry

/

Health Insurance  
Fund

M'ship  
No.

Member for more than 12 months

Yes

No

Level of  
Cover

Local  
GP

GP's  
Address

Referring Doctor  
(if different to GP)

Please indicate  
any known medical  
conditions

Please indicate any  
known allergies  
(including latex)

**Initial Consultation:** \$250.00 Medicare refund: \$72.75 (out of pocket costs \$177.25)

**Review:** \$150.00 Medicare refund: \$36.55 (out of pocket costs \$113.45)

Post Operative consultation - no charge for the 1st post op. Prices are subject to change without notice.

All patients will receive an account for professional services rendered. Payment is appreciated on the day of consultation. Visa and Mastercard facilities are available. Your Medicare rebate can be claimed on the day. All accounts are strictly 7 days. Failure to settle accounts will result in the employment of a debt collector and all cost associated with this will be incurred by you.

**Parent/Guardian**

I declare that the statements and that the information  
supplied on this document is true and correct.

Yes

No

Date

/

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