STRATHPINE SURGICAL

Philip Y. Scarlett
GENERAL & COSMETIC SURGEON
Provider No: 35862KJ

Strathpine Specialist Centre
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PATIENT INFORMATION

TITLE:_____ **SURNAME**:_____

FIRST NAME:_____ **DOB**: / /

Address:_____

Phone: M:_____ H/W: _____

Email:_____

Interpreter needed: Yes / No

Medicare/DVA no:_____ Expiry Date: / /

Reference no. on card:_____

Private Health Insurance: Yes / No

Health Fund Name:_____ Membership no:_____

WorkCover Claim: Yes / No

Claim No:_____ Insurance Co:_____

Employer Details:_____

Employer Address:_____

Phone:_____ Contact Person:_____

Person responsible for account:
Only complete if you are not the patient listed above.

Name:_____

Relationship to Patient:_____

Address and Phone:_____
In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

IMPORTANT NOTICE REGARDING THE PRIVACY ACT

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN IF YOU AGREE

I give permission for my medical records to be released to other medical practitioners and institutions where necessary. I also give my permission for information to be requested from any of my doctors to assist with my medical treatment as required.

Signed:_____ Date: / /