the DOCTORS LAVINGTON at THURGOONA

347 Wagga Road Lavington NSW 2641
Telephone: 02 6057 7100 Fax: 02 6057 7110
Shop 8, Thurgoona Plaza,
10 Shuter Avenue, Thurgoona NSW 2640
Telephone: 02 6057 7144 Fax: 02 6043 1005

All Correspondence PO Box 580 Lavington NSW 2641

Date:……/……/……

AUTHORITY FOR 3RD PARTY

I,…… , of ……
(insert name of consenting party) *(address)*

hereby authorise

……. , Date of Birth: ……
(insert name of authorised person)

to: (*cross out those items you do not wish to be made accessible*)

- Make changes and enquire about appointment times
- Collect prescriptions
- Collect referrals to treating specialists
- Collect pathology and x-ray request forms
- Obtain results of pathology/x-rays performed on this date ...../...../.....
- Obtain results of any and all pathology past and present
- Discuss my medical condition/records past and present with my doctor
- Discuss information relating to my accounts

on my behalf.

I acknowledge that it is my responsibility to notify the practice in writing should I wish to revoke this authority.

Signed:.....

Date:…../……./……..