



Wollongong
Surgical
Associates

New Patient Registration Form

Full Name: EdwardBut

DOB: 1983-01-00

Gender: 1

Preferred Name: EdwardBut

Address: Khujand

Suburb: Khujand

Postcode: 151152

Phone (home) : 84175662676

Phone (mobile) : 82511457769

Email: rendragmark@gmail.com

Medicare # BMW

Private Health Fund: EdwardBut

Pension: BMW

Interpreter Required: Yes

Next of Kin

Full Name: EdwardBut

Relationship: EdwardBut

Phone: 85778715827

Email: rendragmark@gmail.com

Workers Compensation

Employer Name: EdwardBut

Employer Contact: rendragmark@gmail.com

Employer Number: 84635491734

Insurer Name: EdwardBut

Insurer Contact: 86247576411

Injury Date: 1987-06-01

Claim Number : 3791

Claim Managers Name: EdwardBut

Authorised Person/s

Authorised Contact: 1) Full Name: EdwardBut, Relationship: EdwardBut, Contact Number: EdwardBut, Approval to provide:: Can discuss and manage all aspects of care;

Consents

Photography Consent: I consent to photography and/or imaging as described above, I do not consent to photography and/or imaging

Emergency Treatment Consent: I consent to the above Emergency Treatment Consent, I do not consent to Emergency Treatment Consent

Release of Information Consent: I consent to the Request and Release of Information, I do not consent to the Request and Release of Information

Communication Consent: I consent to receive appointment reminders via SMS/email, I consent to receive practice updates, recall notifications, follow-up program reminders, and information about new services via SMS/email

Authority

Approved Person/Representative: EdwardBut

Patient/Rep Name: EdwardBut

Date: 1986-03-04

Internal Use Only

Received By:

Date: