



Les Grujic
M.B. B.S. F.R.A.C.S

Level 2, 445 Victoria Avenue, Chatswood NSW 2065
Level 1, 812 Pittwater Rd, Dee Why NSW 2099
Macquarie University Orthopaedics, 2 Technology Place, Macquarie University NSW 2109

All enquiries - Chatswood

PATIENT INFORMATION

SURNAME: (Mr. Mrs. Miss Ms. Dr. Sr.) _____

GIVEN NAMES: _____

ADDRESS: _____

_____ Post Code: _____

Telephone: (H) _____ (W) _____

Mobile: _____ or Contact No: _____

Date of Birth: _____ Age: _____ Occupation: _____

Referring Dr. _____ GP: _____

GP's address: _____

Medicare No: _____ Full Pension: Yes No Health Fund: _____ Number _____

War Veteran No: _____ Gold White

Method of Payment: Eftpos Credit Cash

PATIENT CONSENT TO DISCLOSE INFORMATION

As outlined in the Patient Leaflet Personal Information and Privacy, as part of the course of treatment of your condition, it is usual to write to your referring Doctor and any other Specialists I may refer you to - this includes referrals for further investigations.

In the case of compensation matters, (Workers Compensation, Third Party and Public Liability), it may be necessary to write to the Insurers, Employer and/or a Rehabilitation Provider.

As explained in the Patient Leaflet, only the necessary information will be released. Please indicate your authority to disclose this information, by signing below:

Signed: _____ Date: _____

WORKERS COMPENSATION

Employer's Name: _____ Telephone: _____

Address: _____ Post Code: _____

Insurance Co: _____ Telephone: _____

Address: _____ Post Code: _____

Facsimile: _____ Date of Injury: _____ Claim No: _____

IF THIRD PARTY/OTHER:

Insurance Co./Solicitor: _____

Address: _____ Post Code: _____

Telephone: _____ Claim No: _____