WANGARATTA UROLOGY

MARK FORBES, FRACS UROLOGICAL SURGEON 231915PX

Welcome. Please fill in this form to help us provide you with the best possible treatment. This information will be kept confidential to protect your privacy.

Title: Dr / Mr / Mrs / Ms / Mis	ss / Rev	
First Name: :	_ Surname:	Known As:
Postal address:		
Phone: Home:	Mobile:	SMS Reminder: Yes 🗌 No 🗌
Email Address:		
Date of Birth://		
Next of Kin:	Relationship: _	Phone contact:
Usual GP:		_Usual Pharmacy:
Private Health Fund Name:		
Health Fund Membership No:		Evil Hospital Cover Extra's Only
Medicare No:		/ Expiry/
Please circle: Aged Pension (NOT SENIORS CARD) / Disability Pension		
Card No.:		Expiry://
Veteran's Affairs Number:	V	/hite/Gold Expiry://
FEES: NEW CONSULTATION STANDARD		\$190
PENSIONER		\$150
Review	TANDARD	\$100
F	ENSIONER	\$90
EXTENDED REVIEW APPOINTMENT (more than 20 minutes) \$130		

Wangaratta Urology would appreciate all accounts being paid on the day of consultation. All accounts not paid on the day shall incur a \$20.00 administration fee.

ATTENTION: MALE PATIENTS - PLEASE ARRIVE AT YOUR APPOINTMENT WITH A FULL BLADDER

103 ROWAN STREET WANGARATTA 3677 P: 03 5757 6300 F: 03 5757 6355 E: reception@wangurology.com.au www.wangurology.com.au____

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At the consultation you may be required to have your urinary flow and residual amount of urine measured, both of which are bulk-billed.

If your appointment/procedure has a 3rd party payer/interested party involved, i.e. work cover, TAC, Department of Human Services, please ensure the consulting rooms are given all relevant details well in advance of your appointment.

RESULTS ARE AVAILABLE VIA THE UROLOGY NURSE - PLEASE CALL DURING THE HOURS OF 3PM - 5 PM MONDAY AFTERNOONS ONLY.

In compliance with the Privacy Amendment (Private Sector) Act 2000, all information collected at Wangaratta Urology is treated as "sensitive information". We will only collect personal information necessary to provide our patients with professional medical advice and treatment for the purpose of providing a quality health service. We may exchange information with other medical professionals including other Specialists, General Practitioners, Pathologists, Radiologists and hospitals involved with your treatment. All personal information held by this Practice is in electronic form, protected from theft, loss or corruption and not accessible by unauthorised personnel.

Please do not hesitate to discuss any concerns relating to the privacy of your personal information with us.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitation on access or disclosure that I notify this practice of.

Signed

Date_____