



MELBOURNE  
LUNG & SLEEP  
SPECIALISTS

## PATIENT REGISTRATION

Level 8, Suite 5, 89 Bridge Road, Richmond, 3121

Telephone: 03-9421-0177 Fax 03- 9421-0755

### PATIENT REGISTRATION DETAILS

Mr/Mrs/Miss/Ms/Dr (circle one)

Surname:.....Given Names:.....

Date of Birth:.....Preferred Name:.....

Address:.....

Suburb:.....

Telephone:

Home:.....Mobile:.....

Email:.....

\*Appointment reminders are preferably sent as SMS to your mobile number.

Referring Doctor:.....

Regular GP:.....

GP's Address:.....

GP's telephone number:.....

Are you are pensioner:  Yes /  No Type..... Number: .....

Medicare Number: .....Ref No: .....Exp Date:.....

Private Health Insurance:  Yes /  No

Fund: ..... Membership Number:.....

Emergency Contact Person: .....

Relationship: ..... Contact Number: .....

Is this visit compensation related (WorkCover/TAC)  Yes /  No

If Yes, WorkCover or TAC:.....

Claim Number: .....

I hereby give express permission to the staff and associates of Dr Piers Canty to receive and supply personal medical information from or to other medical practitioners on my behalf. I/We acknowledge that I/we are wholly responsible to arrange any further appointments to discuss test results conducted by Dr Canty on our behalf. Please note that your private information will be protected under the Commonwealth Health Private Act 2001.

Signature: .....Date: .....