



**FORM B  
NOTIFICATION OF CHANGE OF ADDRESS**

**TO:** Breast Implant Registry  
Australian Society of Plastic Surgeons Inc.  
Suite 503, Level 5  
69 Christie Street  
ST LEONARDS NSW 2065

Dear Sir/Madam

Details of my change of address are as follows:

Former Address	New Address
Postcode:	Postcode:

Full Name	.....
Date of Birth	.....
Name and Address of Current General Practitioner	..... .....
Signature	.....
Date	.....