

FORM A
REQUEST FOR PATIENT TO ACCESS INFORMATION IN
BREAST IMPLANT REGISTRY

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

PART A – REQUEST FOR ACCESS (Patient to complete)

I hereby apply for access to information relating to me held on the Breast Implant Registry.

Patient's Signature: _____

Date: _____

Please send a copy of my information to:

Email: _____

Postal Address: _____

A copy of **proof of identity** is supplied as follows
(Please **provide at least one** of the following. Tick appropriately)

Birth Certificate

Passport

Certificate of Australian Citizenship

Medicare Card

Driver's Licence

Signed letter from General Practitioner verifying proof

Other (utility bill, bank statement showing address and name, etc)

(Please provide details): _____



PART B – PATIENT DETAILS (Patient to complete)

Full Name: _____

Address:
(At time of surgery) _____

Date of Birth: _____

Date of Surgery: _____

Name & Address of
Surgeon:
(At time of surgery) _____

Optional - Only complete the following if required.

I request that a copy of my document(s) be forwarded directly to my nominated medical practitioner. (Please provide relevant details)

Doctor's Name: _____

Doctor's Address: _____

Doctor's Tel No: _____

Doctor's Fax No: _____

I hereby give authority for a copy of my document(s) to be forwarded directly to the above doctor:

Patient's Signature:
(Please sign here) _____

Date: _____

PART C – RECORD OF ACCESS/COLLECTION (For office use only)

Initials: _____

Copy of document(s) forwarded to: _____ via _____ Fax / Registered Post / NA
(Please tick appropriately)

Patient on: _____ / _____ / _____

Nominated medical practitioner on: _____ / _____ / _____