

FORM B
NOTIFICATION OF CHANGE OF ADDRESS

Date: _____

TO: Former 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:	_____