

Registration form- Artemis Women's Health

Doctor: Dr Bhaswati Ghosh Dr Saibal Ghosh Dr Ambreen Mansoor (circle one)

Title:.....First Name:.....Last Name:.....

Date of Birth:.....(D)/.....(M)/.....(Y)

Address.....

.....Post Code.....

Phone Number: (Mobile).....(home/ work).....

Email.....

Medicare Number:.....Exp: Month/ Year.....

Medicare Reference Number:.....(this is the number in front of your name on the card)

Aged Pensioner/ DVA (gold card): Y/ N

Aged Pension/ DVA Card Number:.....

Private Health Fund: Y/ N

Name of Private Health Fund (if Hospital cover):Number:.....

Emergency Contact: Name:.....Relationship:.....

Phone Number:.....

(**Please tick*) I agree to collection of my personal information for administrative and billing purposes, disclosure to other Specialists/ Referring Doctor involved in my healthcare and for the Practice to comply with any legislative/ regulatory requirements (eg notifiable diseases) along with reminders or recalls that may be sent for healthcare and management. (Please specify any clauses here:.....)

(**Please tick*) I have been made aware of fees payable for the consultation (as quoted at the time of booking appointment/ with any extra procedures that may be necessary on the day of appointment) and agree to pay my account in full on the day of the Consultation.

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