

New Patient Registration Form

(Patients Name)

Dr/Mr/Mrs/Ms/Miss/Other _____

Title (Circle one)

First Name _____

Surname _____

Address: _____

Home Phone: _____

Suburb: _____

Work Phone: _____

State: _____

Postcode: _____

Mobile: _____

Date of birth: _____

Email: _____

Medicare No. _____

Individual reference: _____

Exp. Date: _____

Health Fund: _____

Membership No. _____

Individual reference: _____

Aged Care Pension/ DVA Card Number: _____

Exp. Date: _____

If patient is under 18 years old please fill out the following details from your Medicare card:

Parent/Guardian Full Name _____

DOB _____

Individual reference: _____

Are there other medical practitioners you would like correspondence to be sent to **APART** from your referring doctor?

Name: _____

Phone: _____

Address: _____

PLEASE NOTE OUR BILLING PRACTICE:

Full payment of the account is required on the day of consultation.

Without a referral and Medicare card other fees may apply.

Rhinoplasty Initial Consultation: \$400

ENT Initial Consultation: \$300

Follow Up Consultation: \$150

Aged Care Pensioner initial consultation: \$140

Aged Care Pension Follow Up: \$80

Hearing Test: \$143

Allergy Test: \$143

HOW DID YOU HEAR ABOUT US?

- General Practitioner or ENT specialist
- Patient
- Peninsula Living Magazine
- Google or other internet search
- Facebook
- Other, please let us know: _____

CONSENT TO PHOTOGRAPHS:

For cosmetic procedures and all rhinoplasty procedures Dr Roth takes photographs as part of the consultation. These will be used to help plan your surgery. They may also be used in marketing or for research.

I hereby consent to the use of these photographs for:

(Please cross off any you do not want)

- 1 Education and research activities
- 2 General marketing
- 3 Appearance in one of our website galleries

NEWSLETTER SUBSCRIPTION

Please indicate if you would like to subscribe to our **electronic newsletter**. This will contain clinical updates and promotions within the clinic.

Patient's Name (Please print)

Patient/Parent/ Guardian Signature

Date