

Patient Registration Form

Title: Mr / Master / Miss / Mrs / Ms / Dr

First Name	Surname	*As appears on Medicare card
Preferred name	Date of birth	
Address		Postcode
Postal address: (if different from above)		Postcode

Contact Numbers

Home
Mobile
Work
Email

In case of emergency contact or NOK

Name
Relationship
Phone

Medicare Card Number

Number
Ref (number to the left of your name)
Expiry

Department of Veteran Affairs (DVA) Number

DVA card number
Colour
Expiry

Centrelink Health Care Card

Yes / No
Card number
Expiry

Are you on an Aged/Disability Pension

Yes / No
Card number
Expiry

For children under the age of 18, please list the parent/guardian details or if someone other than the patient is paying for the account, please complete details for Medicare Claiming.

First Name	Surname	*As appears on Medicare
Date of birth	Medicare Card Number	Ref
Address		Postcode
Postal address: (if different from above)		Postcode

If your usual GP is **NOT** the referring doctor, and you would like us to send any correspondence/reports/ pathology to him/her, please list your usual GP's details. Please also list any other doctor(s) you would like us to send correspondence to.

Doctors name, clinic & address

Stay informed via email
Tick here to be on our cosmetic services mail list



Follow us on Instagram
@melbourneeastsidermatology



Scan the QR Code and
speak to us on WeChat

24 HOUR CANCELLATION POLICY

A \$100 cancellation fee applies for cancellations within 24 hours of the appointment time, or if you fail to attend without valid reason. Changing of appointments within 24 hours will require a deposit of the full consultation fee of your next appointment. The deposit is applied to your next appointment or can be refunded if the next appointment is cancelled at least 24 hours prior to the appointment time. By signing this form, you acknowledge that you have read and understood our cancellation policy. Please ask our reception staff if you require any further details on this policy.

PRIVACY POLICY

Consistent with our commitment to quality care, Melbourne Eastside Dermatology has developed a policy to protect patient privacy in compliance with privacy legislation. Your personal details and medical history (this may include photographic images of your skin condition) will be obtained. We take your privacy seriously. Further information on our privacy policy is available. Speak with our reception staff for a copy of our privacy policy.

FINANCIAL CONSENT

By signing this form, you consent to the private billing charges which you were informed of when booking your in-person or telehealth consultation. All accounts overdue for 60 days will be referred to our debt collection agency. In the event where your overdue account is referred to our collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

Signed: _____

Date: _____