MELBOURNE INTEGRATIVE ONCOLOGY GROUP

complementary medicine for patients with cancer

Authority to release medical information

By signing the "*Authority to release medical information"* form, you are giving Melbourne Integrative Oncology Group consent to obtain relevant medical records, reports and/or statements from your treating medical practitioner or hospital. This includes information received by paper, fax and electronic form.

Please list below name of any Hospitals / Oncologists and Medical Practitioners where relevant medical records may be currently held.

I .....(FULL NAME) .....(DATE OF BIRTH)

of .....(ADDRESS)

hereby authorise the following people to provide my medical records, reports, and/or statements as required to

Melbourne Integrative Oncology Group.

.....

(SIGNATURE OF PERSON AUTHORISING RELEASE OF INFORMATION)

on ..... (DATE)

Please circle: I am receiving treatment as a PRIVATE / PUBLIC patient

NAME	***CLINIC /HOSPITAL NAME***	***SUBURB / STATE***	***CONTACT PHONE NUMBER***
Oncologist:			
Treating Hospital:			
If applicable			
Additional specialist (e.g. surgeon, gastroenterologist)			
Pathology testing lab (e.g. Melbourne Pathology).			
Imaging (e.g. Lakeside Imaging)			
GP:			

Melbourne Integrative Oncology Group
Phone (03) 9571-7498 Fax (03) 9923-6647. info@miog.com.au