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48 KANGAN DRIVE, BERWICK VIC 3806

ABN 67 290 931 368

PATIENT REGISTRATION FORM

TITLE: MR / MRS / MS / MISS/ Master SURNAME _____

GIVEN NAMES _____ DATE OF BIRTH _____

TELEPHONE (HOME) _____ (MOBILE) _____

EMAIL ADDRESS _____

ADDRESS _____ POST CODE _____

MEDICARE REF #

VETERAN'S AFFAIRS (IF APPLICABLE) _____ [] GOLD [] WHITE [] BLUE

DO YOU HAVE PRIVATE HEALTH INSURANCE WITH HOSPITAL COVER [] YES [] NO

IF YES, NAME OF FUND _____ MEMBERSHIP No. _____

NEXT OF KIN _____ TELEPHONE _____

PARENT/GUARDIAN DETAILS (If patient is under 18 years old)

NAME _____ DATE OF BIRTH _____

ADDRESS _____

MEDICARE REF #

Do you suffer any drug allergy? [] No [] Yes Please specify: _____

CONSULTATION FEES

Description	Fee	Medicare Rebate	Out of pocket (aprox.)
Initial consultation	\$220	\$72.75	\$147.25
Review consultation	\$120	\$36.55	\$83.45
Ear Toilet	\$160	\$93.45	\$66.55
Nasendoscopy	\$200	\$104.45	\$95.55
Nasal cauterization	\$140	\$76.50	\$63.50
Oximetry	\$150	\$117.90	\$32.10

* Prices correct as of 1st July 2017 and subject to change without previous notice.

By signing this document you acknowledge our Consulting fees and agree with our Privacy Policy. Should you have any enquiry please contact the front desk staff before signing this document.

Please note, we only accept EFTPOS payments.

SIGNATURE OF PATIENT (OR RESPONSIBLE GUARDIAN) _____ DATE _____