



CLIENT PERMISSION FOR CFEH TO DISTRIBUTE RESULTS TO THIRD PARTY

Centre for Eye Health (CFEH) requires written approval from you before we can distribute your test results to either a health-care practitioner other than the practitioner who referred you to the Centre or yourself.

Please complete the form below.

Client Details

First Name _____ Last Name: _____

Client Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: (home) _____ (work) _____ (mobile) _____

Referrer's Name: _____

Distribution of Results

I request that CFEH provides a copy of my test results to my:

Optometrist Ophthalmologist GP Other: _____

OR I request a copy of my results to be sent to myself at the above address .

Health-Care Practitioner Details

Name: _____

Practice Name _____

Address: _____

Phone No: _____

I hereby consent to CFEH providing a copy of my test results to another health-care practitioner, or myself, as outlined above.

Client Signature: _____

Client Name (please print clearly): _____ Date: _____

Note: You will be given a copy of this form for your records.



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Client Copy

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