

Lower Level Manor Apartments
289 Queen Street
Ph: 07 3221 3366 Fax: 07 3221 3082
Email: reception@BrisbaneCityDoctors.com.au

To Dr _____

I _____,
(Print name)

Date of Birth: _____

Phone number _____

Email _____

Give permission for my results to be released to me via email.

I have already discussed these results with the doctor

(If not discussed, the Dr may request an appointment as normal results do not mean everything is ok and you may need further investigations and follow up)

I accept the risk its not secure and could be viewed by others over the internet.

I have already checked My Health Record to see if they are there first before making this request

(if this is for a specialist visit, please ask their receptionist to get copies sent to the specialist from the provider before making this request (specialists do not want paper/emailed copies but want direct transfers to their computers from the providers)

A copy of my Photo ID eg license, has been included showing my photo and signature

Any onsite pick up must be made by the person requesting the results

Signed: _____

Date: _____