

Hobart Acupuncture

St Helens Private Hospital
186 Macquarie Street
7000

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Release of medical acupuncture records

Dr T.H.Begbie BA.MB.BS.
Provider no: 293957K

Ph: 6224 5779
Fax: 6224 5848

Please fill all fields relating to the Medical Acupuncturist you have booked with.
(Patient name and address:)

I _____

of _____

Date of birth:

authorise Dr TIM BEGBIE

to provide my current &/or past Acupuncture Medical Records to

*Dr _____

at _____

(Name of Medical Practice)

Date of initial appointment with him/her: _____

(* Doctor with whom you have arranged an Acupuncture appointment)

Thank you

Signed: (patient)

PRINT NAME:

Co-signed: (if parent)

This form applies only to Medical Acupuncture treatment (and not to General Practice).
Please only complete if you have made an appointment with a Medical Acupuncturist.