
Village Clinic

The Right Advice Towards Good Health

ABN 24 799 740 317

129 Mt. Eliza Way, MT. ELIZA. 3930

Telephone: 9787 4999 Fax: 9775 3686

Date: _____

Full Name: _____

D.O.B: _____

I, _____ give permission for _____ () to

Access my records including results on my behalf

Book / change my appointments.

I understand that I can revoke this access at any given time. This letter is valid until stated otherwise by the patient, only at this clinic.

Patient signature

Witness signature





AGPAL Practice of the Year (Victoria) 2008