

# DAVID GLASSON

*plastic & cosmetic surgeon*

Title:.....Last Name:.....

First Name:.....Known as (if different):.....

Residential address:.....

.....

Name for a/c and postal address (if different from above):.....

.....

Phone: Hm:.....Wk:.....

Mbl:.....Date of Birth:.....

Email:.....

Occupation & Employer:.....

Family Doctor:.....

Referring Doctor:.....Letter: Yes / No

Current Medications:.....

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Allergies:.....Smoke: Yes / No

Previous surgery and other illnesses /conditions:.....

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Medical Insurance Company:.....

Mr Glasson is an Affiliated Provider with Southern Cross Healthcare. If you are a Southern Cross Member and have a procedure under local anaesthetic, please provide your Membership Number and, if claimable, we can submit your claim to Southern Cross electronically on your behalf.

Southern Cross Membership Number.....

ACC patients: Claim No:.....Date of injury.....

How did you come to this practice? eg: GP referral, friend recommendation, yellow pages,  
web site, self referred, other.....

Terms and condition of payment - Payment terms are 21 days following date of invoice. For cosmetic surgery, payment is made before the operation. Any debt collection, legal or other costs are to be payable by you, the debtor. Any variation to these terms will be at the discretion of Plastic Surgery Specialists Ltd.

Signed:.....Date.....