ESSENTIAL ANAESTHETIC SERVICES

BOOKING FORM

Phone: 03 8595 5350 **Email: team@essentialas.com.au** **Fax: 03 5442 4141**
Office and Postal Address: 97 Forest Street, Bendigo, VIC, 3550

Our rooms are now paperless - please email this form to us.
You can complete this form online via our website: www.essentialas.com.au to save time!

PATIENT DETAILS

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Master Full Name: _____

Date of Birth: ____ / ____ / ____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone (H): _____ Telephone (W): _____ Mobile: _____

Email Address: _____

Medicare Number: __ __ __ __ __ __ __ __ __ __ __ Medicare Reference Number: __

Health Fund: _____ Membership Number: _____ Level of Cover: _____

Full Age Pension Card Number: _____

DVA: ☐ White ☐ Gold Veteran's Affairs File Number: _____

Workcover Insurance Company Name: _____

Workcover/TAC Claim Number: _____

ADDITIONAL INFORMATION OF PATIENT OR GUARDIAN WHERE PATIENT IS A MINOR

Name of Person responsible for Account: _____

Address (if different to patient): _____

Suburb: _____ State: _____ Postcode: _____

SURGERY DETAILS

Surgeon: _____ Date of Operation: ____ / ____ / ____ Hospital: _____

Procedure: _____

Expected Time Duration: _____

Account Processing: ☐ Self-Fund ☐ Health Fund ☐ DVA ☐ Public ☐ Workcover / TAC / Third Party: _____