



Authority to release medical information

By signing the "Authority to release medical information" form, you are giving Melbourne Integrative Oncology Group consent to obtain relevant medical records, reports and/or statements from your treating medical practitioner or hospital.

IDOB:
(FULL NAME OF PERSON - & - DATE OF BIRTH)

of
(ADDRESS)

****Please list below name of any Hospitals (and their suburb or town location) / Oncologists and Medical Practitioners where relevant medical records may be currently held)**

hereby authorise:

.....
.....
.....
.....

to provide medical records, reports and/or statements as required to **Melbourne Integrative Oncology Group**

225-229 Koornang Road

[Email - info@miog.com.au](mailto:info@miog.com.au)

Phone (03) 9571-7498. Fax (03) 9923-6647

Signed
(SIGNATURE OF PERSON AUTHORISING RELEASE OF INFORMATION)

on
(DATE)