

WELCOME

Thank you for choosing the Sydney Institute of Plastic Surgery for your contemplated aesthetic surgery procedure. At the Sydney Institute, we are committed to the highest standards of surgical and peri-surgical care. It is our goal to fully inform you of the benefits and the risks associated with cosmetic surgery procedures. We pride ourselves on being an interactive organisation and we would welcome any comments or suggestions that you might have on how we could improve our service to you.

To assist us in effectively managing your journey through your proposed operation, it would be helpful to have certain information about you. Please be assured that all this information will be kept in strictest confidence.

How did you learn about our organisation:

- Doctor referral
- Patient or friend
- Yellow Pages
- Other Please indicate
- Australian Society of Plastic Surgeons
- Internet
- Other Publication

Please note – * mandatory fields

Some personal details for our records: Today's Date.....

*Mr/Mrs/Ms/Miss/Master/Dr (please circle) *Surname.....

*First name.....*Middle name.....

*Home address.....

.....Postcode.....

Telephone (H).....(W).....Mobile.....

email address:

*Date of Birth:.....Age:.....

*Marital Status: (Please circle) Married/Single/Widowed/Divorced/Separated/De-facto

Occupation..... Pension/Vet Affairs No.....

*Medicare No:.....*Position on card:..... Exp.Date:...../.....

Health Fund..... Membership No.....

Family Doctor.....Address.....

.....Postcode.....

Referring Doctor.....Address.....

.....Postcode.....

HIV/AIDS Yes/No HEPATITIS A,B,C Yes/No.

Smoker: No/Yes – how many?.....Alcohol: No/Yes – how much.....

Weight:..... Ideal weight: Height:

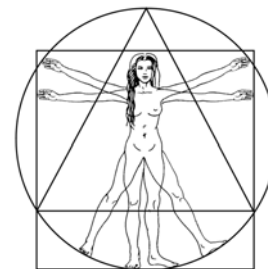
Any Medications OR Herbal & Dietary Supplements.....

Any regular aspirin or aspirin-containing compounds.....

*Allergies.....

Blood transfusions: No/Yes - Year.....Steroids: No/Yes - Year.....

The Sydney Institute is committed to fully informing its patients. Please feel free to discuss all the costs relating to your operation. Fee's policy please see over: NB: **Workers compensation details required where appropriate (see over).**



**SYDNEY
INSTITUTE
of
PLASTIC
SURGERY**

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■
Aesthetic
Surgery

■
Reconstructive
Surgery

■
Hand
Surgery

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NSW 2067

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Chatswood West
NSW 1515
Australia

Erina
Randwick
Mona Vale



WORKERS COMPENSATION DETAILS: Yes/No

THIRD PARTY: Yes/No

Employer:.....

Contact person:.....

Telephone: Date of Injury:.....

Address:

Insurer:

File Claim Number:

Contact person:

Solicitor: Phone:

Address:

Other relevant information:

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Please note that this is a private practice and fees are payable at the time of consultation. The Fees charged by this practice are generally those recommended by The Australian Medical Association. These will be more than the Medicare Schedule of Rebates (known as the "common fee"). Should payment of these fees present a problem, please discuss this with the doctor.

