Sydney Spine Institute
Suite 107, 3 Railway Parade
Burwood NSW 2134
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Medical Authority

To whom it may concern,

I authorise your practice to provide the Sydney Spine Institute clinic with any documents pertaining to my medical history including copies of all the clinical records, pathology reports, radiology scans, reports and investigations contained in my medical file held by your practice.

Patient Details

First name

Last name

Date of birth (DD/MM/YYYY)

Declaration and Signature

Please sign in the blank box below using Adobe Acrobat Reader's Fill & Sign tool, or print and sign by hand.

Date signed