



NMA: CHIEF MEDICAL OFFICER- DR KEITH ADAM
Phone: 1300 588 440 selecting option 2
Fax: (07) 3831 0033
Email: soniccoal@sonichealthplus.com.au

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Patient's Name _____ Date of Birth _____

I request and authorize _____ ;

to release my healthcare information including, but not limited to, my full coal board medical, results of all medical assessments, investigations and testing including any b reader results, to the Chief Medical Officer (SHP) at:

Sonic Health Plus*
Specialised Services Unit
Level 5, West Tower, 410 Ann Street
Brisbane Qld 4000
GPO Box 309, Brisbane Qld 4001
P: 1300 588 440 F: 3831 0033

I _____ authorise the above release:

Signature:

Date:

(*the above records can also be released electronically to our secure email above if preferred)