

# PENNANT HILLS ENDOSCOPY CENTRE

License No. B389      Provider No. 0657211A  
[www.pennanthillsendoscopy.com.au](http://www.pennanthillsendoscopy.com.au)

10 RAMSAY ROAD

PENNANT HILLS, 2120  
TELEPHONE: 98752311  
FAX: 99809300

## NEW /UPDATED PATIENT INFORMATION

TITLE:      (Mr., Mrs., Miss, Ms., Dr. )..... Date: .....

SURNAME; .....  
(as given to Medicare )

GIVEN NAME(S): .....

ADDRESS: .....

.....POSTCODE:.....

TELEPHONE NUMBER: Home: ..... Work:.....

Mobile: ..... Email address:.....

DATE OF BIRTH: .....

REFERRING DR. ....

MEDICARE NUMBER: ..... REF..... expiry .....

DO YOU HAVE PRIVATE HOSPITAL INSURANCE ?    YES / NO

IF SO, NAME OF FUND : .....

NAME KNOWN TO FUND: (if different to above).....

MEMBERSHIP NO. ....expiry:.....Ref:.....

HAVE YOU BEEN A MEMBER MORE THAN TWELVE MONTHS ?.....  
(or transferred from another fund with continuation of cover)

DO YOU RECEIVE AN AUSTRALIAN GOVERNMENT PENSION ?    YES.... / NO .....

PENSION NUMBER/ VETERANS AFFAIRS NO. ....