



Medical Centre

Belgian Gardens Medical Centre
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QLD 4810
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Email: help@bgmc.com.au

CONSENT TO EMAIL

I, _____ consent to Belgian Gardens Medical Centre emailing me any documents requested by me, or as discussed in consultations.

I confirm that I have provided Belgian Gardens Medical Centre with the email address I wish to be contacted on, and will update same if I change this.

I understand that these documents will contain private information about myself, and my health and that emailing is not a secure platform.

Please also include the following family members in my consent, as they are under 15 years of age, and will use the same email address I have provided for myself.

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Patient Name signing Consent : _____ Date of Birth: ____/____/____

Patient Signature: _____