



**Bendigo Orthopaedic & Sports Medicine**  
**AUTHORITY TO RELEASE MEDICAL INFORMATION**

I hereby authorise ..... of .....  
to release information as requested by me to:-

Mr Dugal James  
Bendigo Orthopaedic & Sports Medicine  
176 Barnard Street  
BENDIGO VIC 3550

Ph: 03 5442 5288  
Fx: 03 5442 5399

Information Required:

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Applicant's Signature .....

Full Name .....

D.O.B ...../...../.....