Optical Record Release Form



To preserve confidentiality of patient details, this form must be completed before records may be released.

Member Information

	Ionnation				
TUH Members	nip Number				
News					
Name				DOB	
Address					
		Postcode			
Release optica	records for:				
myself	additional family memb	ber (und	der 16 years of a	age)	
	ike members (under 16 veges of egg)				
	ily members (under 16 years of age)			DOD	
Name				DOB	
Release record	s to:				
Myself	Optometrist/Optical dis	noncor	/Onbthalmolog	lict	
Other plea		spenser	/ Opininalinolog	JISU	
	se specify				
Optomotrict/O	ptical dispenser/Ophthalmologist (NOT a post office l	hoy)			
Name	prical dispensel/Ophthalmologist (NOT a post office)	DUX)			
Name					
Address					
			Postcode		
Mombor's	ignoture (anthe level evention for a shill)			Date	
Member's Signature (or the legal guardian for a child)					
			TUH office use only		
Optical Manager Ap			tical Manager App	roval	
Queeneland Terr	hare' Union Hoalth Fund Limited				
	hers' Union Health Fund Limited 376 Aregistered health benefits organisation				
		Pro	ocessed by	Date Released	
Street Address: Postal Address:	438 St Pauls Terrace, Fortitude Valley QLD 4006 PO Box 265 Fortitude Valley QLD 4006				
Toll Free:	1300 709 076				
Web:	healthhubqld.com.au		Sent by mail	Picked up in Persor	