

Re _____

Dear Child Safety Officer,

Our Paediatrician has requested that this child attend a follow up appointment.

Details of the appointment(s)

Date		Time		Cost	\$
Date		Time		Cost	\$
Date		Time		Cost	\$

Could you please complete and fax back to us this authorisation page for the medical consultation(s). We need this before we can finalise the consultation bookings.

Yours sincerely,
Child Development Network.

I (name) _____ (title and position) _____

From (Department office / location) _____

am aware of the fees for (child's name) _____'s

continuing medical consultations at the CDN as outlined above.

I authorise payment for these, and have the appropriate delegation to do so.

Signed _____ Date _____

Please complete this page, and the next page of information, and fax it back to the CDN (07) 3369-3370, so that this child's medical appointments can be finalised.

Please note:

- *We require payment on the day of the consultation.*
- *It is our understanding that the Department of Communities is no longer able to receive Medicare payments from the Federal Government. If you have questions about this please contact us.*

Thank you

