

Children In Care Department of Communities, Child Safety

	Re						
Dear C	hild Safety Officer,						
Our Pa	ediatrician has request	ed that this child a	attend a follow	up app	pointment.		
Details	of the appointment(s)						
Date		Time		Cost	\$		
Date		Time		Cost	\$		
Date		Time		Cost	\$		
consult Yours s	you please complete ar tation(s). We need this sincerely, Development Network.						
I (name	e)	(title and	position)				
From (Department office / loca	ation)					
am aware of the fees for (child's name)'s							
continu	uing medical consultatio	ons at the CDN as	outlined above	Э.			
l autho	rise payment for these,	and have the app	oropriate deleg	ation t	o 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 receive Medicare payn about this please conta	nents from the Fe					
		Thank	you				
	<u></u> Suite	e 7, The Terraces, 19 Lang F	Parade Milton	D Box 1536	6, Milton 4064		

☎ (07) 3369 3369 **급** (07) 3369 3370 **□** www.cd.net.au **☒** cdn@cd.net.au

Consultation(s) for _							
Who will be attending the	e consultation(s) with this child?						
 We have an obvious preference for somebody who knows the child well, can participate in the consultation, share the understandings and decisions made, and use this information in their day to day care of the child. 							
Name							
Role in the child's care							
Please provide further in	formation that may be relevant to this consultation						