

**Children In Care Department of Communities, Child Safety** 

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

Level 2, 19	E PO Box 1536, Milton 4064				
<b>(</b> 07) 3369 3369	(07) 3369 3370		www.cd.net.au	×	cdn@cd.net.au

## Consultation(s) for \_\_\_\_\_

Who will be attending the 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	
Dala in the shild's core	
Role in the child's care	

Please provide further information that may be relevant to this consultation