

Dr Melissa Wong
 PATIENT REGISTRATION DETAILS
 (PLEASE PRINT CLEARLY)

SURNAME *as on Medicare Card		PREFERRED TITLE:	
GIVEN NAME *as on Medicare Card		Preferred Name - (known as)	
DATE OF BIRTH			
ADDRESS			
		Postcode	
TELEPHONE	Home:	Work:	
	Mobile:	Please tick the box if you <u>DO NOT</u> wish to receive SMS	
Referring Doctor			
MEDICARE NUMBER		Patient Ref No:	Expiry:
Name of Private Hospital Fund (NOT EXTRAS)		Hospital Fund Membership Number:	
AGE PENSION NUMBER:		Expiry Date	
NEXT OF KIN:		Relationship:	
NEXT OF KIN CONTACT NUMBER:			
FERTILITY PATIENTS PLEASE SUPPLY PARTNER DETAILS BELOW			
PARTNER NAME		PARTNER DATE OF BIRTH	
PARTNER ADDRESS		PARTNER PHONE NUMBER	
PARTNER MEDICARE NO			
<u>Consent for use of information.</u>			
I confirm that the information I have given (on this form) is correct. I consent to sharing of all relevant information between the general practitioners, specialists, nurse practitioners, nurses, allied health providers and non-clinical staff for the purpose of managing my health. I understand this information will be used to fulfil their duties in the course of planning and managing my health care.			
<u>PLEASE NOTE</u>			
Consultations are billed above the schedule fee. Initial Consultation will incur a fee of \$265.00 (Medicare rebate \$86.15. Review Consultation: \$160.00 (Medicare rebate \$43.35). Age Pensioners are charged at a reduced rate. Initial Consultation: \$210.00. Review Consultation 110.00. Fees are subject to change without notification. Procedures performed at the time of consultation will incur an extra fee. <u>I understand the fees involved and agree to settle the account.</u>			
We adhere to the Health Privacy Principles (the HPPs as set out in the <i>Health Records Act (Vic) 2001</i>) and the National Privacy Principles, (the NPPs as set out in the <i>Privacy Act (Cth) 1988</i>). A copy of our Privacy Policy can be obtained on request.			
In the event of failure to pay the whole amount due within 7 days of being so requested by Dr. M. Wong in writing, then we shall be at liberty to instruct a collection agency to recover the monies outstanding and you shall be liable for the costs incurred relating to the recovery of such sum.			
SIGNATURE:		Date:	

Dr Melissa Wong

MB BS FRANZCOG., MR.Med.

Consultant Gynaecologist

Infertility Specialist

Provider No. 207146AF

Eastern Gynaecology

338 Mitcham Road, Mitcham 3132

Telephone: 9873 0178

Fax: 9873 0179

Emergency Email: drwongemergency@gmail.com

Emergency Mobile: 0408 363 465

Patient Informed Consent for the use of Artificial Intelligence (AI)

This consent form is optional. You are not required to sign it to receive care.

What you need to know

Your doctor uses a secure Australian built AI documentation assistant called Medow Health during consultations. This technology helps streamline note taking, allowing your doctor to focus more on you and less on typing. Medow creates accurate records of your visit, including medical notes and letters, and supports delivering high quality care.

Medow AI supports your doctor, it does **not** make medical decisions. All clinical decisions remain entirely with your healthcare provider.

How your information is handled

Medow is committed to privacy-first, ethical AI. Here's how your information is protected

- **Local Storage and Data Residency:** All patient data is securely stored in Australia using Microsoft Azure servers, in compliance with Australian privacy and data sovereignty laws.
- **Data Security and Privacy:** Your personal information is protected through strong encryption and continuous security monitoring. Before any data is processed by the AI, all personal identifiers are removed to ensure your privacy is maintained.
- **Audio Deletion:** Any audio recordings are automatically destroyed within 7 days.
- **Data Use and Ownership:** Your doctor retains full ownership of your clinical data. No data is shared, sold or used to train third party AI systems.

I consent to the use of Medow AI

Name:

Signature:

Date: