



AnodyneCann Pty Ltd,  
ABN 30 642 984 861,  
Level 3, 99 Queensbridge Street,  
Southbank, VIC 3006,  
[www.anodynecann.com.au](http://www.anodynecann.com.au)  
Email: [info@anodynecann.com.au](mailto:info@anodynecann.com.au)  
Tel: 1300114838  
Fax: (03)91168300

## Health Summary Consent Form

I, \_\_\_\_\_ give consent for my Health Summary  
(or other medical records as requested below) to be released to the registered doctor at AnodyneCann.

Patient DOB (dd/mm/yyyy):

Patient Address:

Patient Signature

Date (dd/mm/yyyy)

Please include the following:

- Current medications & treatments
- Past medical history including used medications
- Known allergies
- Vaccination history

Notes / Other:

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I authorise for this release to be:

- Sent by Fax  
 Sent by email

*(Please select one or both)*