

MEDICAL BENEVOLENT ASSOCIATION OF NSW

By Doctors for Doctors since 1896

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PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

Name:	
Address	
I give permission for Mrs Meredith McVey, Social Worker, Medical Benevolent	
Association of NSW, to contact	
Name:	
Organisation:	
Regarding:	
I understand that this communication may disclose information about assistance	: 1
have received from the Medical Benevolent Association of NSW.	
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Name:	
Signed:	
Date:	