



**Australian Government**  
**Medicare Australia**

## Stoma appliance authority

I hereby give authority for officers of Medicare Australia to:

- (a) make enquiries about my use of medical or surgical aids, equipment or appliances
- (b) examine any medical or surgical aids, equipment and appliances supplied to me under the Commonwealth Stoma Appliance Scheme.

Signature

Date

**Patient details** (Please use BLOCK LETTERS)

Medicare number

Family name

Given name(s)

Private address

  

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Postcode

Appliance entitlement number

**Association details** (Please use BLOCK LETTERS or STAMP)

Association's name

Association's address

  

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Postcode

**Privacy note:** The information provided by you on this form will be used to assess your eligibility for supplies made in accordance with the Commonwealth Stoma Appliance Scheme under section 9A of the *National Health Act 1953*. This information may be disclosed to the Department of Health and Ageing, the Department of Veterans' Affairs, and the Department of Human Services, or as authorised/required by law.



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