

---

*Whangamata Medical Services Ltd trading as*  
**WHANGAMATA MEDICAL CENTRE**

---

**Dr Michael Miller**  
**Dr Tony Townsend**  
**Dr Jessica Robinson**

**103 Lincoln Road, Whangamata**  
**Ph: (07) 865 8032**  
**Fax: (07) 865 7235**  
**email: admin@wmcentre.co.nz**

## **Authority to Divulge**

This is to certify that I / We,

.....

give Whangamata Medical Centre staff authority to release any medical  
information, including test results, to the person(s) listed below:

| <u>Name</u> | <u>Date of Birth</u> | <u>Relationship to Patient</u> |
|-------------|----------------------|--------------------------------|
|-------------|----------------------|--------------------------------|

.....

.....

.....

.....

Signed: .....

Date: .....

.....

.....

*Witness for Whangamata Medical Centre*

.....

*Date:* .....

*(Print name and sign)*