

Dr Bu Balalla
Specialist Orthopaedic Knee Surgeon
enquiries@drbalalla.com.au
1300 695 633

Telehealth Consent

Title_____ Last Name_____ First Name_____

Date of Birth ____/____/____ Email_____

Address_____

Mobile_____

Please tick each box, sign, and return to enquiries@drbalalla.com.au

- I understand that I will not receive any money back from Medicare for video consultations
- I understand that the fee will be processed either by credit card or direct debit prior to the consultation
- I consent to the consultation taking place via the Zoom platform
- I consent to using the camera on my computer, phone, or tablet for the video consultation. Dr Balalla does not record the video of these consultations.
- While all care is taken by Dr Balalla during the consultation, I understand that there are limitations to physical examination of my knee, and this may only be addressed at a later face-to-face consultation.

Patient/Parent/Guardian Signature_____

Name (print)_____ Date_____