

Victorian Forensic Paediatric Medical Service
Police / Child Protection Request for Medical Record / Report / Photographs

Please fill this form and fax on (03) 9345 4105 OR Send by e-mail: VFPMS.enquiries@rch.org.au OR by post

Administration Officer
 VFPMS
 Royal Children's Hospital
 Flemington Road
 Parkville Vic 3052.

Request Date: / /

REQUESTING CHILD PROTECTION/POLICE OFFICER DETAILS:

Name	
Organisation	
Contact Details	Number _____ Street / Road: _____ Suburb / Town: _____ Post Code _____ Phone No.:(_____) _____ Fax No. (_____) _____ E-mail: _____
Signature →	

MEDICAL RECORD / REPORT / PHOTOGRAPH DETAILS

Patient Details	_____ <p style="text-align: center;">Name</p> _____ <p style="text-align: right;">Date of Birth</p> _____ <p style="text-align: center;">Hospital Name Unit Record No. Date patient seen (if known)</p> <p style="text-align: center;">(if known)</p>		
Consent of patient OR Parent/Guardian	<input type="checkbox"/> Attached		
	_____ Name(s)	_____ Signatures	<input type="checkbox"/> Not Applicable
Reason(s): Medical record / report / photographs required			

VFPMS OFFICE USE ONLY

Date request received	Request Ref.#	Authorized	Request to MMC/RCH	Posted/Delivered