

Property Owners can apply to have their existing red lid bin serviced weekly with the certification of a registered medical practitioner. This form essentially provides a request for weekly waste collection service based on special medical needs.

Patient Contact details		
Full name Contact		
Phone No.	Email	
Property detail (where the bin service	e is required)	
Rates Assessment No.		
Unit/House No.	Street	
Town /Locality		Postcode
To be completed by a regist	ered medical practition	oner
Date		
Medical Practice Medical	Street	Postcode
Tubing soiled by blood Dialysis bag Soiled gauze and or ba Incontinence pads Other medical waste - p Note Syringes are not accepted in the red Syringes MUST be disposed of in a syringe	ndages blease describe lid garbage bin.	chemist.
Privacy	,	
Privacy & Personal Information Protection Not Purpose of collection: We are collecting your a Special Medical Needs Waste collection ser Intended recipients: The intended recipient of Supply: While the supply of this information is determine your eligibility for a Special Medical Authorisation	personal information in order to enary rvice. the information is Bega Valley Shir voluntary, the personal information	re Council.
. 10.110110411011		
Property Owner's Signature:		Date / /
GP's Signature:		Date / /