

AUTHORITY

TO: My treating medical practitioner

I, _____ of

hereby authorise you, my treating physician, to release any and all information concerning my proposed treatment to Mr Simon Johnson c/- Cancer & Bowel Research Trust and any of its affiliates of Level 2, 255 Pulteney Street Adelaide SA 5000 to assist the Trust in considering my request for residence at one of the Trust's residential facilities located within Australia.

In relation to this authority I understand that the Trust may well ask you to provide some written information concerning the possible length of my treatment which may or may not be relevant to assessing my request for residence at their facility.

Dated _____ day of _____

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