T O P D O C S . C O M . A U

# TOPDOCS

**ENDURING POWER OF ATTORNEY (MEDICAL TREATMENT) - VIC**

**FULL SERVICE ORDER FORM**

To order your Enduring Power of Attorney (Medical Treatment) - VIC documents:

1. Complete all relevant fields in BLOCK LETTERS
2. Mail, fax or email this form to Topdocs –

Address: **Suite 2, Level 2, 22 Albert Road South Melbourne VIC 3205**; Fax: **(03) 8256 0108**;

Email: [**or**](mailto:orders@topdocs.com.au)[**ders@topdocs.com.au**](mailto:ders@topdocs.com.au)

**SECTION A (I): PERSON/ADVISER ORDERING DETAILS**

|  |  |  |
| --- | --- | --- |
| Name: | | Signature: |
| Company Name: | | |
| Postal Address: | | |
| Date Of Order:    /    / | | Your Ref: |
| Phone: (     ) -       - | Fax: (     ) -       - | Email: |

**SECTION A (II): PAYMENT DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Enclosed is payment for the sum of: $ | | | | |
| Direct Debit\* | Visa | Mastercard | | Cheque |
| Card Holder Name: | | | | |
| Credit Card Number:      -      -      - | | | | |
| Expiry Date:    / | | | Authorised Card Signature: | |

\*To pay by Direct Debit you must have a current Direct Debit agreement with Topdocs. If you would like to arrange for Direct Debit for future purchases please contact Topdocs on **1300 65 92 42**

**SECTION B: DONOR**

**The Donor is the person who is appointing an agent under the Enduring Power of Attorney (Medical).**

|  |  |
| --- | --- |
| **Donor** | Full Name: |
| Alias (if any): | |
| Address: | |

**SECTION C: AGENT TO BE APPOINTED**

**Note: You may only appoint one agent.**

**The Agent is the person the Donor wishes to appoint as the agent to make decisions about medical treatment on the Donor’s behalf.**

|  |  |
| --- | --- |
| **Agent** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Donor: | |

**SECTION D: ALTERNATE AGENT**

**Note: You may only appoint one alternate agent.**

|  |  |
| --- | --- |
| **Alternate Agent** | Full Name: |
| Alias (if any): | |
| Address: | |
| Relationship to the Donor: | |