

CARELINK**RELEASE OF INFORMATION**

I hereby authorise: Name: MR PETER O'CALLAGAN QC
Address: OPTUS HOUSE

to discuss and release information concerning my case with:

Name: PROF R BALL & SUE SHARKEY
Address: CARELINK

Patient's Name: EMMA FOSTER
Address: REDACTED OAKLEIGH

Signature: C. Foster A. Foster
Date: 12-3-98

Our Ref: _____