



Authorised Person

I give my consent for the person named below to arrange, cancel, or reschedule future appointments at DRASACS on my behalf and for them to update DRASACS on my contact details if necessary.

I understand that I can contact DRASACS at any time to retract this consent.

Authorised Person's Name
(Please print in BLOCK CAPITALS)

Password
(The Authorised person can quote this for security verification)

Client Name **Signature**.....
(Please print in BLOCK CAPITALS)

Date:.....