

Medical Aids Subsidy Scheme, Queensland Health

## **Spectacle Supply Scheme Loss/Breakage Declaration**

(Please print name in full)	
Of	
(Residential address in full)	
(Nooldoniaal addisoo iin laii)	
do solemnly declare that,	
and I make this declaration consciously believing that the information provided by me is true.	
Client's Signature	Date

## **MASS Service Centre Contact Details**

Medical Aids Subsidy Scheme Website: <u>health.qld.gov.au/mass</u>

Telephone: 07 3136 3696 Fax: 1300 362 276 Email: <u>SSS184@health.qld.gov.au</u> PO Box 281, Cannon Hill QLD 4170