



Please complete and return via facsimile to (08) 8366 2097 or phone (08) 8366 2020 or email Tbailey@clinpath.com.au

Practitioner's details

Title:	First name:	Last name:
RACGP QI & CPD/ACRRM No.		Provider No.

Practitioner type (please tick):	<input type="checkbox"/> Dermatologist			
	<input type="checkbox"/> General Surgeon			
	<input type="checkbox"/> Dedicated skin cancer practitioner			
	<input type="checkbox"/> General Practitioner – plus skin cancer work			
	<input type="checkbox"/> General Practitioner			
	<input type="checkbox"/> Plastic Surgeon			
Use of dermatoscopy:	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Practice details

Clinic name (primary location):		
Clinic address (primary location):		Location type (please tick):
		<input type="checkbox"/> Major city
		<input type="checkbox"/> Large rural
		<input type="checkbox"/> Small rural
Phone No.	Fax No.	Mobile No.
Doctor's email address:		
Other practice locations to be included in audit:		

Clinpath Office Use Only

Dr Codes				
Request forms ordered				
Registration confirmation letter sent				
Medical Liaison Manager				