

Clinical Audit Skin Cancer Surgical Audit

Registration Form

Please complete and return via facsimile to Lynda Lonergan | F: 03 6224 1509 or email lynda.lonergan@dspl.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		
Use of Dermoscopy:	<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.
Email address:		
Other practice locations to be included in audit:		

Report Preferences (please tick)

<input type="checkbox"/> Individual doctor report (separate report for each location nominated)
<input type="checkbox"/> Combined doctor report (combined report for all locations nominated)

Hobart Pathology, Launceston Pathology and North West Pathology Office Use Only

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