

Doctor Information

Title: _____ First Name: _____ Last Name: _____

QML Dr. Code (if known): _____ Provider No.: _____

Name of College: _____ College Registration No.: _____

Practitioner Type:

- General Practitioner
- Skin Cancer Practitioner
- Plastic / General Surgeon
- Dermatologist

Use of Dermoscopy: Yes No

Use of Sequential Digital Imaging: Always Sometimes Not at all

Practice Details

Practice Name (Primary Location): _____

Practice Address (Primary Location): _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Mobile: _____

Email Address: _____

Other practice locations to be included in this audit: _____

I, Dr _____ (print name) confirm that I wish to receive a 'Skin Audit Report' of my pathology cases, and I will contact Healius Pathology if my contact details change or if I no longer want to receive the 'Skin Audit Report'.

Doctor's Signature: _____ Date: _____

Scan and email, or fax completed registration form to education@healius.com.au / (07) 3121 4478

Confirmation of your registration will be emailed to you. Registered doctors will be provided green Skin Audit request forms via your Medical Liaison Officer or order via your regular stores order. If you do not receive your request forms within a week of confirmation, please contact your local laboratory. Both sides of the Skin Audit request form must be completed to ensure that all specimens are included in your audit data.



Healius Pathology companies

