



Notification Form - New Doctor

Please PRINT clearly, completing ALL appropriate details

1. DETAILS OF SERVICE PROVIDER ORGANISATION *(Clinic where Doctor provides service)*

Organisation Name:

(Please include organisation details below if they are changed or new)

Organisation Phone:

Organisation Fax:

Organisation Address:

..... Post Code:

2. DETAILS OF DOCTOR *(Doctor whose information is being added to NHW systems)*

Surname:

Given Name(s):

Current Postal address:

..... Post Code:

Email (optional):

Telephone: Fax:

Provider No: Healthlink Mailbox:

3. APPLICANT DETAILS *(For contact if further information is required – normally Office Manager)*

Name:

Position Title:

Contact Telephone:

Email:

Signature: Date:

4. PLEASE RETURN COMPLETED NOTIFICATION FORM TO:

Post: Health Information Services
Northeast Health Wangaratta
PO Box 386
Wangaratta Vic 3676

In person: Northeast Health Wangaratta
Green Street, Wangaratta

Email: Health.Information@nhw.org.au

Fax: 03 5721 3020

For enquiries please phone 03 5722 5266

Office use only:

NHW Dr Code: Init: Date: