



Please complete and return via facsimile to (02) 9855 5083 or email [skinaudit@dhm.com.au](mailto:skinaudit@dhm.com.au)  
For any enquiries please ring the Sonic Skin Lab office on (02) 9855 6257

### 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:		

### DHMP Office Use Only

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