

Additional Doctors to receive Electronic Pathology reports

This form is used to request that additional doctors be added to receive electronic reports at your practice. Alternatively please use the paperless ***Request for Paperless Reporting*** form if doctors involved require to be set to paperless.

Practice Details				
Practice Name				
Address				
Contact Name or Practice Manager		Mobile Phone		Business Phone
Email address				Fax
Doctors to be added to the existing practice				
Doctors Name (Used preferred name format) <i>Attach further pages if required.</i>	Provider Numbers			
This Form was completed by: Signed: Date:.....				

Please return this Questionnaire to Information Systems, PathWest, **Fax No: (08) 9381 1704** or email PWDSupport.pathwest@health.wa.gov.au

For further information please contact PathWestDirect Support on **6457-2363**

Office Use Only

Service Call Number

PWD3 Practice Code

Set up date

Copy to Records

Copy to 6457 7369