

# Doctor Registration

## DOCTOR DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Correspondence Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Provider Number: \_\_\_\_\_ Ahpra number: \_\_\_\_\_

RSHQ EMO number: \_\_\_\_\_ RSHQ AMA number: \_\_\_\_\_

Specialty: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Report Correspondence Email address: \_\_\_\_\_  
(if different from above)

Please don't hesitate to contact our team on 07 5376 3333 if you require further assistance with the web site or if you have any questions. Alternatively, our email is [info@lungscreen.com](mailto:info@lungscreen.com).