

Offices in Brisbane & Melbourne
Brisbane | PO Box 523 | Ferny Hills | Q 4055
Melbourne | GPO Box 634 | The Strand | V 3001

PRACTICE REGISTRATION FORM

Client/Practice Name:	
Company Name if incorporated	
Practice Owner/s and or Director/s Full Name/s	
Contact/Practice Manager:	
Practice Address:	
Suburb/Town/Postcode:	
Postal Address:	
Suburb/Town/Postcode:	
Phone:	
Mobile number	
Fax:	
E-mail:	
ABN:	

Ph : 1300 137 142

**Fax : 7 3318 7690 (Brisbane)
3 9038 4473 (Melbourne)**

**info@medicalrecruitment.com.au
www.medicalrecruitment.com.au**

ABN: 12 100 581 995

Medical Recruitment Pty Ltd



Practice Registration Form Continued

Practice Type:	<input type="radio"/> Solo Practice <input type="radio"/> Group Practice - # of Dr's: _____		
DWS	<input type="radio"/> Yes <input type="radio"/> No		
Fee Schedule Charged: (Please provide the amounts)	<input type="radio"/> Standard Consult \$ <input type="radio"/> Long Consult \$ <input type="radio"/> Procedures \$		
Billing Info:	<table border="1"> <tr> <td> <input type="radio"/> Private Billing <input type="radio"/> Bulk Billing <input type="radio"/> Mixed Billing </td> <td> If Mixed do you Bulk Bill: (please tick applicable) <input type="radio"/> Children under 16 <input type="radio"/> Aged Pensioners & DVA <input type="radio"/> Health Care Card holders </td> </tr> </table>	<input type="radio"/> Private Billing <input type="radio"/> Bulk Billing <input type="radio"/> Mixed Billing	If Mixed do you Bulk Bill: (please tick applicable) <input type="radio"/> Children under 16 <input type="radio"/> Aged Pensioners & DVA <input type="radio"/> Health Care Card holders
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Computerized Level:	<input type="radio"/> Fully Computerized <input type="radio"/> Non Computerized <input type="radio"/> Partially Computerized		
Computer Program: Doctors using	<input type="radio"/> MSS <input type="radio"/> Medical Director <input type="radio"/> RX <input type="radio"/> Genie Other _____		
HIC On Line	<input type="radio"/> Yes <input type="radio"/> No		
RN Support:	<input type="radio"/> Yes (If so how often?) _____ <input type="radio"/> No		
On Call Required:	<input type="radio"/> Yes (If so how often?) _____ <input type="radio"/> No		
Surgery hours:	Monday – Friday: _____ Saturday: _____ Sunday: _____		
Locum - Dates Required:	From: _____ To: _____		
Permanent:	Full-time <input type="radio"/> Part-time <input type="radio"/>		