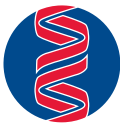

File number (LAB USE ONLY)

Doctor/Specialist/Registrar Application form

Sonic Dx RESULTS

Please complete all fields for the application to be processed

DETAILS (This form should be completed by the requesting doctor/specialist/registrar)

Surname ______________________

Given name (first name & middle initial) ______________________

Provider number (list primary number) ______________________

Practice name and address (list primary address) ______________________

Phone number ______________ Mobile number (required) ______________

Email address (required) ______________________

Mother's maiden name (security question) ______________ Date of birth (security question) ____ / ____ / ______

Are you a registrar/training specialist?

☐ Yes Hospital Name ______________________

☐ No

DECLARATION – Please print and sign, before submitting this application

I accept full responsibility for maintaining the confidentiality of the information supplied to me by Douglass Hanly Moir Pathology and acknowledge that this information will be used only for ongoing patient care. I acknowledge that this account may be audited regularly for evidence that it is not being used in such a way that a privacy breach may occur. Should this occur, I understand that the account will be immediately deactivated and all incidents of breaches of privacy will be notified to the commissioner.

Requesting doctor authorisation

Signature ______________________

Date ____ / ____ / ______

Please complete this form and email to:

Client IT Department
DHM Pathology
14 Giffnock Avenue
Macquarie Park NSW 2113
E sonicdx@dhm.com.au
F (02) 9805 1781

Upon acceptance of the application, a unique username and password will be issued to access the service. An email containing the username will be sent to the nominated email address from sonicdx@dhm.com.au and an SMS will be sent with the password to the nominated mobile number.

For security reasons we are unable to send the password via email.

For any further information or assistance, please contact Client IT on 1800 653 779.

DHMBSP-ClientITAF-Doctor-V1-2019