

Health Services Directory Template – General Practice

Please complete the template below and fax to NRGPN on 6622 3185

Type of Service: General Practice

Practice Name: _____

Practice Address: _____

Ph: _____ Fax: _____

Email: (will not appear on website) _____

Website: _____

Opening Hours: _____

Name of GP

Special Interests/Services

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I _____ wish to register my practice with the Northern Rivers General Practice Network (NRGPN) for inclusion in the web based Health Services Directory primarily aimed at General Practitioners and Health Professionals in the Northern Rivers region of NSW. I authorise NRGPN to publish my practice details as documented above. I understand it is my responsibility to inform NRGPN of any changes to my details given above.

Signed: _____

Printed Name: _____

Position Title: _____

Date: _____