



SYDNEY MEDICAL SERVICE CO-OPERATIVE LIMITED

**1300 HOME GP
4663 47**

EXPRESSION OF INTEREST

Thank you for your support of Sydney Medical Service. If you would like to become members of the service kindly complete the following practice details and return by fax: (02) 8724 6301 or email: reception@sydmed.com.au.

Practice Details:

Company Name: _____ Owner: _____

Number of Surgeries Owned: _____

Principal GP of Practice: _____

Practice Name: _____ ABN NO: _____

Practice Address: _____

Practice Telephone Number: _____ Practice Fax: _____

Practice Email Address: _____

Practice Manager: _____ Contact Number: _____

Preferred method of receiving reports: Fax OR Healthlink – EDI: _____

Practitioner Details – List all current surgery practitioners below.

1. Principal GP Name: _____ Provider No: _____

2. Name: _____ Provider No: _____

3. Name: _____ Provider No: _____

4. Name: _____ Provider No: _____

5. Name: _____ Provider No: _____

6. Name: _____ Provider No: _____

7. Name: _____ Provider No: _____

For further information or enquiries, please contact us on (02) 8724 6300. We look forward to our working together to provide better care for patients.

ABN: 67 878 022 161

68 Anderson Avenue, PANANIA NSW 2213

Locked Bag 1, PANANIA NSW 2213

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www.homegp.org