

FAX / POST

To:	MEDCALL GP Liaison Officer	From:	
Fax:	07 55311228	Date:	
Tel:	07 55311224	Pages (inc):	Inclusive
Add:	PO BOX 10445, SOUTHPORT, QLD 4215		
Re:	JOINING THE MEDCALL TEAM		

ATTENTION : MEDCALL GP LIAISON OFFICER

Please contact me and send me more information about your service
 My practice information is enclosed for your assessment

Practice Name

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Surgery Address:

.....

.....

Surgery Tel No: Surgery Fax No:

Email:

Names of practising medical practitioners	Mobile Phone No.	Full/Part time
1. Dr.....		FT / PT
2. Dr.....		FT / PT
3. Dr.....		FT / PT
4. Dr.....		FT / PT
5. Dr.....		FT / PT
6. Dr.....		FT / PT
7. Dr.....		FT / PT
8. Practice Manager		

Yours sincerely,

Name