**GENERAL PRACTITIONER CHANGE FORM**

**To be completed by the General Practice**

*Following receipt of this form the GP change will be made in the PAS system to enable the sending of secure messaging patient information such as Admission and Discharge Summaries as per details below.*

*Please send to*

***Illawarra Shoalhaven LHD - Kate McCrone:*** [***kate.mccrone@health.nsw.gov.au***](mailto:Kate.mccrone@health.nsw.gov.au) ***(02 4221 6802)***

***Southern NSW LHD – eMR support team:*** [***MLHD-SNSWLHD-eMRSupport@health.nsw.gov.au***](mailto:MLHD-SNSWLHD-eMRSupport@health.nsw.gov.au)

**Practice Details**

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| --- | --- | --- |
| **Requested by:** | | **Date:** 18/04/2024 |
| **Organisation Name:** | | |
| **Address:** | | |
| **Contact Number:** | **Fax Number:** | |
| **Contact Email:** | | |
| **Health Provider Identifier – Organisation (HPIO) number:**  800362 - | | |
| **Secure Messaging Provider:** Choose an item. **Other:** | | |

**General Practitioner Details**

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As of date: 18/04/2024

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| --- | --- |
| **GP Surname:** | **GP Given Name:** |
| **Provider Number:**  **AHPRA Number:** | **Health Provider Identifier – Individual (HPII) number:**  800361 - |

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As of date: 18/04/2024

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| --- | --- |
| **GP Surname:** | **GP Given Name:** |
| **Provider Number:**  **AHPRA Number:** | **Health Provider Identifier – Individual (HPII) number:**  800361 - |

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As of date: 18/04/2024

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| **GP Surname:** | **GP Given Name:** |
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As of date: 18/04/2024

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As of date: 18/04/2024

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