



OHSD User Registration Form

Title:	Speciality: <input type="checkbox"/> GP <input type="checkbox"/> Nurse <input type="checkbox"/> Practice Manager <input type="checkbox"/> Specialist <input type="checkbox"/> Allied Health <input type="checkbox"/> Other (specify):	Provider/ Practitioner Registration Number:	
First Name:		Surname:	
Practice/Organisation Name:			
Practice Address:			
Suburb:		Postcode:	
Mailing Address:			
(If different from address above)			
Practice Phone:		Fax:	
E-mail:			
Website:			
<input type="checkbox"/> My practice/organisation is already registered on WentWest's Online Health Services Directory and I would like access to edit/update my details using this login account. Please specify below if you have more than one practice/organisation listed:			
Signature:		Date:	
Please ensure that you sign this form and then return to WentWest by fax on 9622 3448, by email to directory@wentwest.com.au or by mailing it to PO Box 5, Blacktown Post Shop NSW 2148			
Office Use Only:	<input type="checkbox"/> Verification Completed Completed by (print): _____ Date: _____ Verification Method: _____ Approved by (print): _____ Date: _____		