



ST VINCENT'S
PATHOLOGY

A SERVICE OF ST VINCENT'S HOSPITAL MELBOURNE



ST VINCENT'S
PRIVATE RADIOLOGY

A SERVICE OF ST VINCENT'S HOSPITAL MELBOURNE

CIS/Internet Results SERVICE APPLICATION FORM

Please Complete Form & Fax to 9231 4214

Or Post to St.Vincent's Pathology, Main Building A, 41 Victoria Pde, FITZROY. 3065.

Phone: 9231 4088 / 9231 4381 Email: PathologyIT@svha.org.au

CUSTOMER REGISTRATION INFORMATION

**PRACTITIONER / PRACTICE NAME: _____

**ADDRESS: _____

PRACTICE MANAGER/CONTACT NAME: _____

TECHNICAL/COMPUTER CONTACT NAME: _____

**TELEPHONE: _____ PAGER: _____ FACSIMILE: _____

**EMAIL: _____

**PRACTICE DOCTORS & Provider No's.: _____

HOSPITALS WITH ADMISSION RIGHTS: _____

****COMPULSORY FIELDS****

SITE SUPPORT INFORMATION

Which of the following internet browsers will you be using?

Windows Internet Explorer Safari Firefox Chrome

We require CIS for: St.Vincent's Pathology St Vincent's Private Radiology
St.Vincent's Hospital Medical Imaging Department

**Please Note: Each practice staff member requiring access to this service must sign the statement below.

I hereby apply for the CIS service. I agree to comply with the Privacy Act 1988 (Commonwealth), the Health Records Act 2000 (Victoria) and any directions set down by relevant Professional Bodies concerning the electronic transmission of data.

Signature: _____ Date: _____ Name: _____

Signature: _____ Date: _____ Name: _____

Signature: _____ Date: _____ Name: _____

Signature: _____ Date: _____ Name: _____

FOR ST.VINCENT'S PATHOLOGY USE ONLY

CIS UserName: _____ CIS Number: _____ CIS Groups: _____

PLS/RMS Entity: _____ PLS/RMS PMIs: _____ PLS/RMS Dr.Codes: _____

Other Details: _____